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## A Study of the Maxillae with Regard to Cheir Blood and Cymph Supply.

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## Haversian Canals in Dentin.

Let us now pass to the next of our specimens, Fig. 126, which was taken from the upper third of the root of a tooth and shows a large canal in the dentin at the junction of the dentin and cementum.

On carefully examining this opening, which is presumedly an Haversian canal penetrating the dentin, we can detect a certain amount of dried, evidently organic, material lying in the lumen of this canal, which has shriveled away from the wall of the same. Opening into this canal, from all sides and extremely well in focus on the dentin sides, are numerous dental tubules; where this canal passed to the writer can not state; he has, however, seen canals resembling this one further within the dentin and has also found them opening into the root canal.

Canals resembling Haversian canals are sometimes found in the dentin—the so-called vaso-dentin of Owen<sup>1</sup>—of the teeth of many animals, especially fishes, in some rodents, in the central part of the tusk of

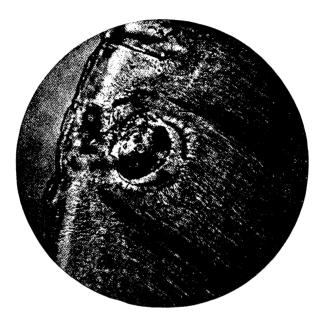
I Jan.

Owen, Odontography, London, 1840-1845.



the elephant and the molar teeth of the iguanodon. They are said to be rarely found in man, and then only as a result of the so-called secondary ossification of the pulp. Kölliker cites only one case, which was observed by Tomes, in which these vascular canals were particularly numerous.

The writer has observed three cases of the above condition, without



F1G. 126.

making any particular search for the same; two of which were in dried specimens and the third in a recently extracted molar tooth from a man nineteen years of age, which the writer fixed, hardened and decalcified. This specimen we will study later.

We introduce in Fig. 127 a longitudinal section of two roots of a molar tooth. This picture certainly seems to conform to the description of the roots of a molar tooth so far as its cementum is concerned. In the root to the left we are looking into the root canal, almost in its entirety, starting at its upper part and terminating at the apex, with the wall of the same *en face*. The dental tubules containing air are not equally conspicuous in this root; we see them better in the left half of this root than the right, and the manner in which they pass toward the cementum is worthy of note. We observe several openings into this



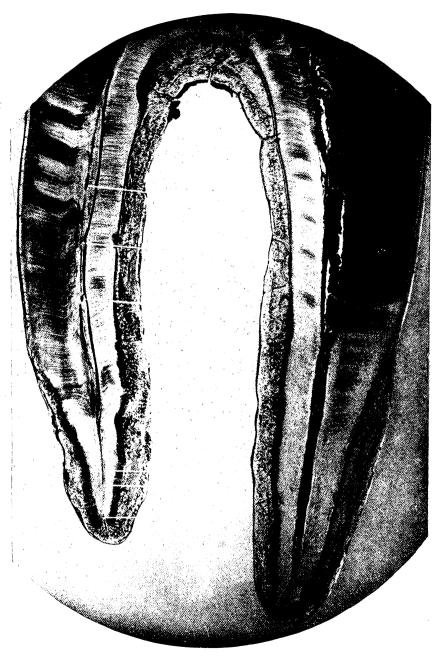


Fig. 127.



canal marked 1, 2, 3, 4, 5, 6; the first five are what the writer takes for Haversian canals opening into the pulp canal, and we present three high-power pictures of the same. Fig. 128 is 1, Fig. 129 is 2 and Fig. 130 is 3.

In Fig. 130 the dental tubules are seen opening into this Haversian canal, and the same fact was observed in the others, but in order to show



Fig. 128.

the canals as well as we have, we had to have our focus such, that the tubules could not be also in focus. In the root canal in the root at the right we see a considerable amount of dried organic matter of the pulp (a dirty brown homogeneous substance) which fills nearly the whole canal, and in the upper part of the specimen between the roots we see some of the intra-alveolar periosteum having this same appearance, still clinging to the cementum. In the upper part of the root to the right the dentinal tubules were well filled with air, and hence appear intensely black. In the cementum on the inner side of the root to the right, at a point opposite, midway between the points marked 2 and 3 on the left root, we see an Haversian canal penetrating the cementum. This canal we have already seen in Fig. 119.



The longitudinal section of the termination of the root canal seen in Fig. 127, is seen more highly magnified in Fig. 131. The point 6 in Fig. 127 is not an Haversian canal, there is simply a bridge of dentin completing the canal at this point, which is wanting immediately below. See a little to left of center in Fig. 131. The dentin, the granular layer



Fig. 129.

of Tomes and the cementum with its numerous lacunæ are here (Fig. 131) beautifully shown. Compare Fig. 131 with Fig. 127, at the place marked 6.

We have found it no easy matter to obtain a specimen of a tooth having the wall of its root canal facing you and at more or less right angles to the plane of the optical axis and yet thin enough for microscopic study. May not the presence of these canals in the dentin of the human tooth be more frequent than we suppose? Serial sections of teeth, which have not been decalcified, are not reported so far as the writer knows, and may it not be that the ground section contained no canals and that the part other than the specimen did have them? We do not think that these canals are by any means a constant structure in human dentin



but we do think they are to be found in normal human teeth, and that the specimen in Fig. 127 showed no evidence of any so-called secondary ossification of the pulp, or any other abnormality. After carefully observing these canals, we consider them to be Haversian in type, and that the dentinal tubules open into them as we saw them opening into another

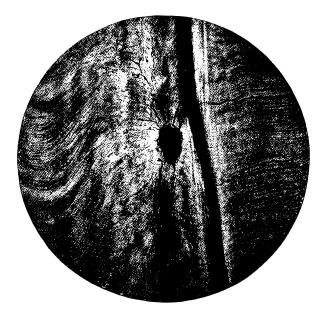


Fig. 130.

Haversian canal in Fig. 126. Whether or not they are truly Haversian canals is an open question. They may be simply diverticula of the root canal, into which some of the dental tubules open. We have not traced these canals through the dentin, we simply see their openings on the wall of the canal; which make us by elimination and comparison think they are Haversian canals; and from a study of transverse sections of canals in specimens of dentin from other teeth, we say, therefore, that these five openings are those of Haversian canals.

Salter<sup>2</sup> and Kolliker<sup>3</sup>, quoting the former, mention Haversian

<sup>&</sup>lt;sup>2</sup> Salter, Arch. of Dentistry, 1865.

<sup>\*</sup>Kölliker, Gewebelehre, 5. Aufl., 1868.



canals which sometimes open into the pulp cavity. These canals are found when the cementum is thick, and rarely does one find any lamel-lated arrangement of the matrix.



Fig. 131.

Porosity of Cooth Structure.

We now introduce, not so much the question of the porosity of the tooth, which nearly everyone admits, but how we can prove it, and the question whether there are not some parts of the tooth more

porous than others. If one saws through a tooth just beneath the junction of the enamel and cementum two basins will be obtained, one the upper part of the pulp cavity, the other the lower part of this cavity and the root canal. Most of the teeth experimented upon by us had been in



hydrogen peroxid for over six months, yet on sawing through the tooth, the pulp cavity and root canal contained organic material which had been bleached, but which was still intact. After extracting the organic material, allowing the tooth to dry, and mounting the lower half with the root canals to a block of wood by means of a small amount of sealing wax, so as to seal up all foramina, we carefully inserted into the cavity, by means of an hypodermic needle, drop by drop, some coloring material, such as litmus or eosin. It was some time, however, before the coloring material gave any evidence, by appearing on the outside of the tooth, of its passage through the same, and only after a comparatively large quantity of the fluid had been injected. A large quantity of the fluid evaporated before it made much headway through the tooth, and this had to be replenished by a fresh supply. It was found that as far as any oozing of the fluid from the tooth was concerned the most porous part of the tooth was the lower third of the roots (outer side), and from the cementum (upper part) between the roots of molar teeth. On fracturing or sawing the tooth, after the coloring matter within it had dried, it was found that the coloring matter seemed to be very evenly distributed. However, it is to be especially noted that the porosity of teeth and the rapidity with which the fluid oozes from them is by no means uniform. In some specimens the coloring matter apparently entered the enamel in places. Thin sections, however, were not made of the enamel. The fractured parts of the enamel and dentin were examined by the dissecting microscope. In some specimens after blue litmus had been inserted into the pulp cavity and the whole tooth was thoroughly impregnated with the same and the tooth allowed to dry, the application of acetic acid, especially to the lower part of the root and sometimes to the upper portion of the tooth and to the part between the roots, turned red. It must, however, be recognized that in the above experiment we can not be absolutely sure that our teeth have not microscopical cracks or fissures in them, due to injury, unless we obtain them by excision from an alveolus or from old maxillæ, from the aveoli of which thev have not been removed and then reinserted in the preparation of the specimen. Some of the teeth experimented upon were obtained from this latter source. The findings in this experiment are suggestive, in that sections of the regions which are particularly porous show many lacunæ and canaliculi in their cementum. See the specimen in Fig. 119, which is a high-power picture of the cementum taken from between the roots in Fig. 127 (at the tops of the inter-alveolar septum). Examine Fig. 131 which was taken from the apex, and Fig. 124 which was obtained from the inner side (inter-alveolar septum side) of the right root in Fig. 127.



If we examine Figs. 14, 16, 18, 22, 53, 77 and 82 at the summit of the inter-alveolar septa (seen in these specimens) we will find many foramina, and if we carefully observe any floor or roof of an alveolus, numerous foramina are also present. More foramina are, therefore, seen in these two regions than anywhere else.

## Résumé.

The study of dried specimens of the tooth teaches:

- 1. The dentinal tubules run up toward and into the enamel.
- 2. The dentinal tubules sometimes branching, run to and into the cementum.
- 3. Large spaces, more or less continuous (interglobular) are found in the crown of the tooth, beneath the enamel, which become smaller at the sides of the crown where the cementum joins the enamel, and below they gradually become very small or disappear. These spaces are real; they appear black by transmitted light, as the tubules do, and both can be injected with pigment.
- 4. The granular layer of Tomes closely resembles the interglobular spaces and probably replaces them.
- 5. Spaces resembling interglobular spaces are found in the central part of the dentin between the root canals, and beneath the pulp cavity.
- 6. Spaces are found (not often) in the dentin along the wall of the pulp cavity and roof canal.
- 7. The dental tubules end by joining the termination of another tubule forming the so-called terminal loop.
- 8. The dental tubules anastomose with each other by means of their side branches.
- 9. The dental tubules terminate in the interglobular spaces and the spaces in Tomes's granular layer.
- 10. The dentinal tubules which pass from the pulp cavity and root canal into the dentin beneath this pulp cavity and between the roots of the tooth, either form terminal loops or open into the spaces formed in the center of this dentin.
- II. Lacunæ are formed in the cementum with canaliculi anastomosing with those of other lacunæ and running into the spaces of Tomes's granular layer and opening upon the free surface of the cementum.
- 12. Tubules resembling dentinal tubules are found in the cementum running from the spaces in Tomes's granular layer toward the free surface of the cementum. The tubules are found even in the cementum in the upper part of the tooth where the lacunæ are wanting.

9 Jan.



- 13. Haversian canals are found in the cementum; usually when it is thickest.
- 14. Haversian canals are found in the dentin of human teeth and open into the pulp cavity and pulp canal.
- 15. The cementum is thickest at the lower part of the outer surface of the root, and on the whole inner surface between the roots in premolars and molars (interalveolar septum surfaces).

We saw, according to our study of the endoskeleton, that in bone continuity between the inside and outside, and between the several parts of

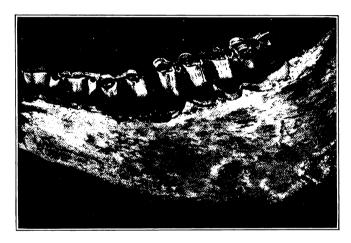


Fig. 132.

the structure itself, was established by a system of canals. In our observations upon the exoskeleton we now see continuity between the inside and outside of the tooth, furnished by a way other than the foramen or foramina at the apex of the tooth. In the developing mandible we saw the young periosteum, the young marrow, the young intra-alveolar periosteum and the future pulp continuous. In the fully developed bone these structures still maintain this continuity, but continuity between the marrow of bone and periosteum, and between the several parts of bone is preserved by means, as we have seen, of Haversian canals, lacunæ and canaliculi. The labyrinth of anastomosing canals in the tooth, penetrating even the petrified epithelial cap, maintain continuity between all parts of the structure, and, therefore, between the structures outside and the structures in the pulp cavity and root canal, and the spaces, large and small in dentin and cementum, make this continuity by the canal system more effective.



Let us turn our attention to some pictures of dissections of the mandible of the ox and calf. Fig. 132 shows the external surface of the mandible of the ox, in which the periosteum has been entirely dissected away up to the place where it is continuous with the intra-alveolar periosteum. The whole external cortex of the bone is seen to be studded with foramina of various sizes into which blood vessels pass. The margins of the external walls of the alveoli for these teeth, which are in

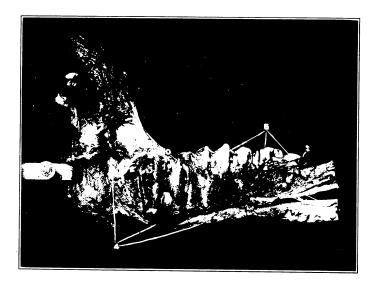


Fig. 133.

places perforated, also the denuded condition of the necks of the teeth, are well shown.

We study in Fig. 133 the internal aspect of the left half of the mandible of a calf, in which the entire cortex has been removed, together with the lower border of the mandible (floor of the mandibular canal). The internal walls of the alveoli for the roots of these teeth, also for the two developing teeth, are wanting, whereby we obtain a profile view of three developed and two developing molar teeth, together with a sub-lateral view of the contents of the mandibular canal. At 1 is seen the mandibular artery vein and nerve about to enter the posterior foramen of the mandibular canal. At 2 and 3 are seen two stages in the development of the tooth. No. 4 shows us the tissue occupying the mandibular canal, and 5 indicates three erupted teeth. No. 6 is a band of tissue



stretching from developing tooth 2 to 3. In Fig. 134 we obtain a better view of the left lower part of Fig. 133. The numbers correspond with those in 133. Especially worthy of note is the extremely vascular condition of the membrane covering the tooth 3.

We note in Fig. 135 the partial removal of the membrane on the

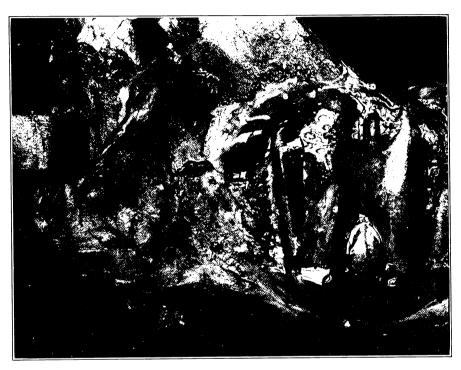


Fig. 134.

tooth marked 3, thereby exposing the same. A thread has been passed through the lower part of 2, and the tooth has been partially removed from its alveolus (9). Immediately above and to the right of the numeral 9 is seen a stretched blood vessel passing from the wall of the alveolus to the membrane which seems to surround the tooth germ. The vascular condition of this membrane is also evident. At the left and above the tooth germ 2 is seen a part of the mandibular canal, the contents of which (4) have been pulled out and hang downward. A part of the mandibular contents 4A still fills the canal up to the point marked X; at which point the contents have been withdrawn from the canal and turned



under the bone. Numerous blood vessels, on the stretch, are seen passing into the tissue in the mandibular canal (4A); from the roof of the mandibular canal beneath the alveolus containing the developing tooth at 3; from the membrane surrounding the tooth 3; and finally from the cancellous bone between the alveolus of 3 and the alveolus 9 of the tooth



Fig. 135.

germ 2. At 7 we find a band extending from the contents of the mandibular canal (where 4 is turned out from the canal and bent over on 4A) to the tooth germ 2. Another band 6 will be noticed passing from the tooth germ 2 to the summit of the tooth marked 3. Both these bands, 6 and 7, revealed, on microscopic examination, numerous blood vessels. Blood vessels are to be seen on the surface of 6 in Figs. 134 and 135.

On examining Fig. 136 we see the developing tooth 3, the tooth germ 2, the band 6 between 2 and 3, and a part of the contents of the mandibular canal have been lifted out and turned upward. The whole of the mandibular canal is exposed, excepting at the point 4A, where we see



the upper part of 4A has been cut off and is seen at 4B on the articular surface of the bone. The other sectioned end of 4A is turned up on the external surface of the bone. At 7 is again seen the band of tissue between the contents of the mandibular canal 4 and the tooth germ marked 2. The external wall and parts of the mesial and distal walls and part of the floor of the alveolus are well shown. (See No. 8.) The alveolus for the developing tooth (2) is fully exposed at 9.

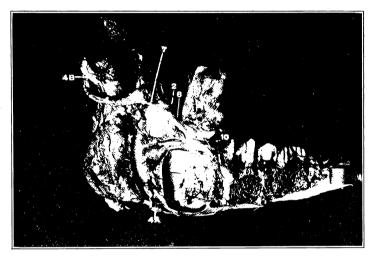


Fig. 136.

At the point marked 10, in Figs. 133, 134, 135 and 136, is where the intra-alveolar periosteum, periosteum of the external and internal surfaces of the bone, and the tunica submucosa of the jaw meet. Compare the above with Fig. 88, where we see 6, 7 and 10 in order, the mucus membrane of the gum, the intra-alveolar periosteum and the periosteum of the jaw, none of which are as yet completely differentiated. In Fig. 137, especially well seen at 10, is the junction of the three above-mentioned tissues. On carefully examining Fig. 136 and 137 you will see that the tooth is surrounded by a membrane consisting of two arbitrary layers; when the tooth was turned out from the alveolus some of the membrane surrounding it still clung as a capsule to the tooth, although the membrane was quite adherent to the floor of the alveolus; the other layer still persisted in adhering to the external wall of the alveolus. The same happened when we cut away the internal alveolar wall; some



of the membrane came away with the wall and some still acted as a covering for the tooth. (See Figs. 133-134.) In Fig. 137 you will note that three vessels, coming from different directions, anastomose on this wall, and at the upper right hand of this alveolus (a little to the left of the numeral 10) another vessel is seen entering the alveolar portion of

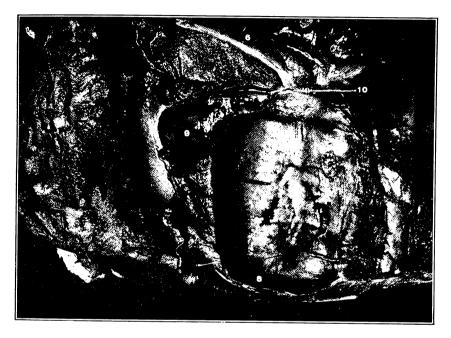


Fig. 137.

this membrane. This membrane surrounding the tooth, the internal (lingual) surface of which you see in Figs. 133-134 and partially cut away in Fig. 135 and the external (buccal) surface which you see in Fig. 136, was strongly adherent above (when the tooth is turned out of its alveolus and stood upon its crown) to the tunica submucosa and periosteum, and below to the floor of the alveolus, and only partially adherent to the layer which still remains attached to the wall of the alveolus, seen in Figs. 136-137. The blood vessels seen on the wall in 8, Figs. 136 and 137, were evidently in part for the layer covering the tooth 3 (the internal layer).

These two layers constitute the outer and inner layers of the tooth sac; the inner layer (the one covering the tooth) is thinner than the outer.



This inner layer is not very adherent to the tooth except at its lower part (see Figs. 135, 136, 138, 140, 142) and it forms the cementum. It is extremely vascular and on microscopic examination reminds one of the pia mater on account of its numerous small vessels. The outer layer is denser and not quite as vascular.

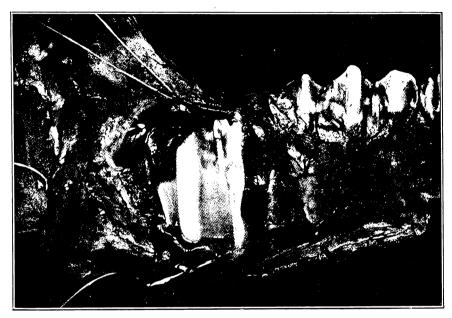


Fig. 138.

A very striking feature of this connective tissue membrane—both layers—was its shining and weeping surface, resembling to a remarkable degree the surface of a serous membrane. This glossy condition or sheen is shown well in Fig. 134 at 3, in Fig. 137 at 8 and 9, and in Fig. 135 at 2 (the inner layer of the tooth sac) and 9 (the outer layer of the same). In Fig. 142 the developing tooth, with the inner layer of the tooth sac (2), is seen removed from the developing alveolus (9), lined with the outer layer of the sac. Note the shining surfaces of both and the vascularity of 2.

We have cut through this inner layer of the tooth sac (Fig. 138) and pulled the two flaps apart, revealing the surface of the tooth. In Figs. 135, 140, 141 and 142 the upper flap has been cut away from the



margin of the tooth and the lower flap pulled up into place, except in Fig. 135. where it still hangs downward.

The surface of the tooth, as well as the surface of the inner layer of the dental sac, which is opposed to the surface of the tooth, was covered with a clear limpid fluid (lymph) which gave to both an increased luster and glazed appearance, especially well seen when the tooth was first exposed, as shown in Fig. 138.

If we compare Figs. 133, 134, 135, 136, 137 and 141 with Figs. 53, 54, 55, 56 and 57 (Article No. II) the relation of this membrane to walls

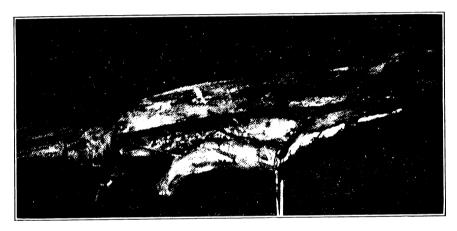


Fig. 139.

of the alveolus, more especially the lower part of the tooth, Fig. 54, and the apex of the same, Figs, 56 and 57, will be made clear.

Let us again carefully examine Figs. 133, 134, 135 and 136 at the point marked 6, and we will be convinced that this band is simply a diverticulum of the periosteum passing along a course from the point 10—where the three, periosteum, intra-alveolar periosteum and gum meet—to and into the alveolus 9 for the developing tooth 2. In other words, the groove as seen here in section is a canal which will ultimately be a part of the alveolus 9 and the intra-alveolar periosteum is in the fully and partially developed state—as seen in the above-numbered pictures—simply a reduplication of the periosteum of the mandible. Imagine the jaw increasing in size from before backward as well as laterally and synchronous with its growth, the growth and development of the tooth 2, the alveolus 9 and the enlargement of the canal containing the band



marked 6 for the exit of the tooth 2 when it erupts, and you have the picture. The developing tooth obtains a rich vascular supply from above, from the periosteum; some through the foramina in the walls of the alveoli; and obviously most from below, from the tissue in the mandibular canal. The band marked 7 contains the blood vessels and nerves (branches of the inferior dental artery, vein and nerve) for the tooth 2.



Fig. 140.

Fig. 139 shows the roof of the mandibular canal, the contents of which have been pulled out from the canal and weighted (see cord extending downward from the tissue which had a 20-gram weight suspended from it) so that the blood vessels, etc., which pass upward into the foramina of the roof of the canal are put upon the stretch. In performing the above operation many of the smaller vessels were probably torn, for the tissue is quite adherent to the bone and much care must be exercised or we tear the tissue. By carefully gouging out the tissue by means of the handle of the scalpel and exercising gentle traction, we obtain Figs. 139, 140, 141 and 142. Fig. 139 is near the right end of Fig. 133. Fig. 140 shows the third fourth, Fig. 141 shows the second fourth and Fig. 142 the first fourth of the contents of the mandibular canal.



In Fig. 140 we obtain a lateral view of the mandibular contents with weights applied. The part already seen in Fig. 139 has been torn entirely out from the canal and hangs downward.

The picture, Fig. 141, shows that greater traction has been applied to the mandibular contents and the blood vessels which pass upward

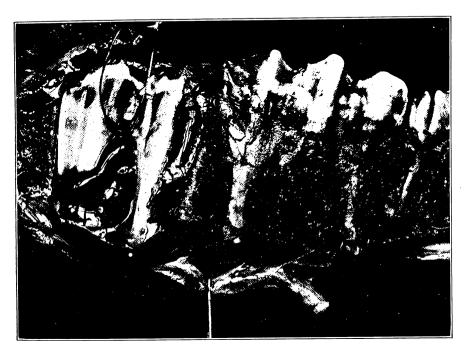


Fig. 141.

from this structure into the bone above are still further put upon the stretch, the right end of the mandibular contents is cut off and more of the canal exposed.

In Fig. 142 a 20-gram weight has been hooked upon the mandibular contents (that which corresponds to 4A, Figs. 135-136), showing the vessels, etc., passing obliquely upward into the foramina in the roof of the posterior portion of the mandibular canal. Those vessels which were seen intact in Fig. 141 have been cut through and that part of the mandibular contents is pendant.



The most important points brought into evidence by the above dissections are shown in Figs. 140 and 141, where we see the blood vessels and nerves, branches of the inferior dental artery, vein and nerve, passing upward through the roof of the mandibular canal, and thence some of them upward toward the roots of the teeth, but most of them into



FIG. 142.

the overlying cancellous bone; also, the condition which is seen in Figs. 135, 137 and 142, where vessels are seen entering the alveolus from different points and supplying the dental sac. See Fig. 135 (3), Fig. 142 and Fig. 137 (8), the upper part, center and either side of this alveolus.

I am indebted to Mr. John L. Peters for his assistance in preparing and photographing the above specimens. The work was done at the Laboratory for Physiology and Histology at the New York College of Dentistry.

(To be continued.)



#### history of the New Jersey State Dental Society.

(Continued from page 930, December, 1908.)

Educational Organization.

Thirty-seven years of growth shows a perfected State organization which will bear analytical investigation. In the year 1908 we find that the New Jersey State Dental Society is, foremost of all, an Edu-

cational Organization which presents clinical, inventive, literary and scientific features, of fascinating interest and practical value.

Legislative Organization. In the second place it is a Legislative Organization, in so far as the dental profession of the State of New Jersey is concerned, exercising judicial functions in the nature of formulating laws adapted

to the needs of the commonwealth, the protection of the public, while guarding the interests of the dentists legitimately practicing within the State. In addition to securing the passage of suitable dental laws, it elects the members of a State Board of Registration and Examination in Dentistry whose duty consists in ascertaining the qualifications of applicants for a license to practice dentistry, and granting licenses to qualified candidates. It institutes prosecutions against illegal practitioners and in conjunction with the Attorney-General represents the dental profession in the courts of New Jersey.

A Fraternal Organization. In the third place the New Jersey State Dental Society is a Fraternal Organization. It encourages amongst the members a social feeling which is cultivated by means of banquets, entertainments, smok-

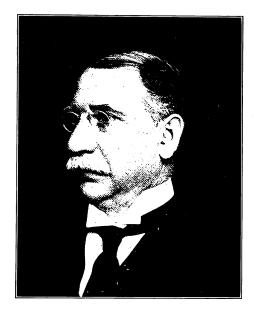
ers, balls and all the agencies which appeal most powerfully to a man's social instincts, while to these are added state, national and interna-



tional functions of a scientific, social and honorary character which interest the active and ambitious dentist.

A Financial Organization.

Fourth, it is a Financial Organization. All this machinery of a State institution requires funds to run it. It is conducted on a co-operative plan. It is a self-supporting society, and has no endowments



DR. JOHN L. CRATER President, 1898

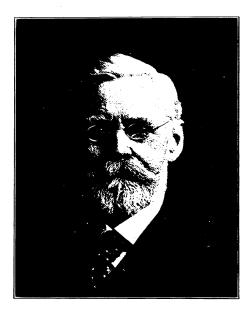
whatever to aid in defraying expenses. This co-operative feature is one of the best guarantees for the success of the meetings. The sources of income are the admission fee, the yearly dues and the rents collected from exhibitors for the spaces engaged at the annual meetings.

At this time we find it opportune to indulge fontests. In a few personalities. The fact is, history is made up of personalties. The "rubbing up" of one "Ego" against another "Ego" is what makes history, and when the process of "rubbing" creates friction, the sparks fly, the atmosphere becomes livid, and the flames shoot forth, then history becomes all the more interesting as well as exciting. We never heard of any members falling asleep when some man presented his views before a New Jersey convention which were of a debatable nature, and challenged



them both by words and manner, in open meeting to dispute his conclusions. On the contrary, such challenges have been accepted with alacrity.

You might as well try to produce the drama of Faust without the character of Mephistopheles in it, as to produce history without personalities. Not that we would for one moment compare any dentist

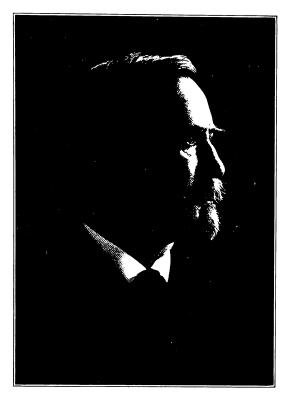


DR. C. N. PIERCE

to his Satanic Majesty, for after more than a quarter of a century's acquaintance with the profession, we have not only failed to detect any hornlike projections standing out from their frontal bone, or beheld any suspicion of the "cloven hoof," or the faintest indication of a forked caudal appendage; but, on the contrary, found the dentist to be an estimable gentleman as a rule, above reproach morally and otherwise, while professionally he is one of the most exacting connoisseurs of perfection, who lives up to his own convictions with remarkable fidelity, whether it be as a surgeon, prosthetist, therapeutist, or operator. Some dentists can no more refrain from bilious remarks than a bird can keep from flying. He has a liver and angels have wings. Perhaps this comparison is more pat than the allusion to Faust, because some day the dentist will have wings like the angels and live in Paradise, where they do not hold dental conventions, and where the liver does



not perform any remarkable pranks, contests are ruled out, and the Supreme Judge metes out justice to mankind, including the dentist, who is not obliged to submit to any inconvenient comparisons by unkind critics.



DR. WM. CARR

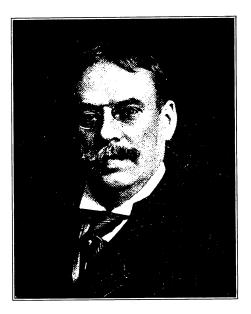
The Unwritten History.

Do not regard these remarks as irreverent or irrelevant, for they are intended to remind us of whole chapters of unwritten history, which the wise historian leaves out. Some members will re-

call these unwritten chapters with feelings of the profoundest emotion, while to the uninitiated, who do not understand these remarks, they should remain forever a sealed book. All honor to the members of the New Jersey State Dental Society who have sunk the Ego out of sight for the good of the profession in the State, and the future welfare of the organization.



We prefer to recall the many virtues of those who have participated in our conventions and the persons to whom they belong, rather than relate the details of stubbornly fought contests and relate personalities uttered in the heat of debate, or in a thoughtless moment. So with this brief allusion to unwritten history we turn with alacrity to more congenial thoughts.



DR. W. W. WALKER

The lives of some of the most famous dentists on the North American Continent are intimately interwoven with the proceedings of the New Jer-

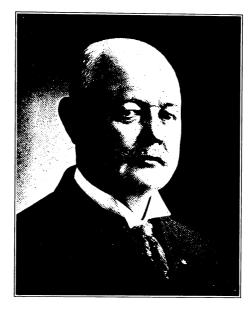
sey State Dental Society, so that if this were a biographical sketch instead of a narrative of events we could marshal before your mental vision an imposing array of sturdy characters, bristling with grit, enthusiasm and energy; naturally endowed with wit, genius and determination, or eminent for erudition and eloquence, logic and oratory; leaders in thought, word and deed; original investigators in science, art and industries. Dynamic forces clothed in flesh and blood who electrified humanity and shaped the destiny of our profession in the New World as well as influenced the development of dentistry in all parts of the globe. The records of the first decade alone demonstrate the truth of this statement beyond dispute. Eminent specialists from British to



Central America and Maine to California, have taken active part in the meetings of the State Dental Society. Upward of five hundred eminent practitioners from all parts of the world during nearly half a century have appeared at the sessions of the New Jersey State Dental Society.

new England.

All of the New England States, Massachusetts notably, have contributed through their ablest scientists to make the State Conventions attractive

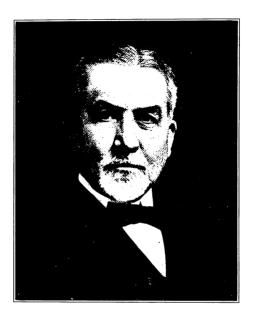


DR. EUGENE S. TALBOT

and instructive. Boston, the renowned center of culture, by actual count has sent twenty-five of her most skilful teachers, operators, and inventors, who have enlivened the conventions with their wit, learning, skill and ingenuity. From Massachusetts have come Drs. S. Towle, J. T. Codman, H. P. Cook, R. H. Clarke, A. J. Cutting, H. A. Stanley, W. I. Thayer, B. Bartholomew, S. Fowler, F. L. Marshall, W. F. Andrews, W. Y. Allen, Chas. C. Patten, Geo. C. Ainsworth, Alice M. Steeves. From other parts of New England States, W. J. Bingham, A. F. Rogers, E. D. Gaylord, R. H. Clark, Chas. McManus, Jas. McManus, Henry McManus, J. A. Worthem, C. C. Smith, E. J. Rosenbluth, Jas. E. Power, C. H. Garrish, F. T. Barker, H. E. Holsey, R. H. Keedel, W. H. Richardson, R. M. Chase, L. C. Taylor, R. S. Miller, H. W. Gillette, and others who have attended different sessions of the organization, where through lectures, theses, or clinics, they have imparted valuable information.



New York and Pennsylvania, out of college, hospital and practice have sent their most eminent specialists, who have come to the sand dunes and cooling summer breezes of Jersey with alacrity, and contributed magnificently to the interest of the occasion, in spite of the melody of the thirsty mosquito and the buzz of the voracious pine fly.



DR. D. D. SMITH

Beginning with Pennsylvania, we find such men as Prof. Jas. H. McQuillen, the famous physiolo-Pennsylvania. gist, teacher and founder of the Philadelphia Dental College; Prof. Jas. Truman, the veteran teacher; Prof. Louis Jack, the noted operator and teacher; Prof. E. T. Darby, the popular expounder of operative dentistry; Prof. Jas. E. Garretson, the peerless oral surgeon; Prof. J. Foster Flagg, the famous teacher, therapeutist, and enthusiastic advocate of the "New Departure," who resided in New Jersey for so many years, and was an honorary member of the Society; Prof. S. H. Guilford, the popular teacher of operating, orthodontia and prosthesis; Prof. C. N. Pierce, the gifted lecturer and scientist; Dr. Marshall Webb, the magnificent gold worker; Dr. W. G. A. Bonwill, the greatest inventive genius in the profession; Dr. D. D. Smith, the superb operator, prosthetist and lecturer, who made New Jersey his home for a long time; Dr. E. C. Kirk, the versatile editor,



teacher and clinician; Dr. W. X. Sudduth, the well-known biologist; Dr. T. C. Stellwagen, the venerable lecturer on operative dentistry and physiology; Dr. Wilbur F. Litch, the noted teacher, editor, author and inventor; Dr. I. N. Broomell, teacher and histologist; Dr. Geo. W. Warren, author and teacher; Dr. C. J. Essig, the well-known teacher and metallurgist; Dr. M. H. Cryer, the skilful anatomist and surgeon; Dr.



DR. L. ASHLEY FAUGHT

J. D. Thomas, the eminent nitrous oxid expert; Dr. Wm. H. Trueman, the learned historian; Prof. H. H. Boom, the distinguished chemist and metallurgist. A hundred of the choicest men of the profession from the Keystone State have participated in the proceedings, adding incalculably to the dignity, erudition and interest of the annual meetings.

New York has sent a coterie of scientists whose accomplishments have rarely been equaled and never surpassed. Besides Dr. Wm. H. Atkinson, the "father" of modern operative dentistry, whose attendance upon and participation in the conventions were only terminated by death, we have been favored with the presence of such men as: Prof. Frank Abbott, the noted operator and lecturer; Wm. Carr, the skilful oral surgeon and teacher; George A. Mills, the champion heavy gold foil operator; C. W. F. Bodecker, the histological expert; Chas. E.



Francis, the expounder of dental ethics; A. L. Northrop, the genial and gentle expert; E. A. Bogue, the expert operator; Sinclair Tousey, the X rays expert; W. W. Walker, the "bon vivant," famous after-dinner speaker and organizer; V. H. Jackson, the popular orthodontist; R. Ottolengui, editor, teacher, wit; P. H. M. Dawbarn, the prominent rhinologist and



DR. T. SOLLERS WATERS

laryngologist; M. L. Rhein, skilled operator and prophylactist; Parmly Brown, crown and bridge expert; Prof. W. E. Dreyfuss, the noted pathologist of Columbia University; Norman W. Kingsley, the artist dentist, whose skill as a sculptor has been reflected in that masterpiece of art, "The Saviour," and whose career has been a notable one for four score years as published both abroad and at home. New York outnumbers all other States by sending over one hundred teachers, inventors, lecturers and clinicians to participate in the annual meetings of the New Jersey State Dental Society since 1870, and we can not name them because of the large number. This record is well in keeping with her prestige as the metropolis of America, the financial center of the world and the second largest city on the globe.

Chicago.

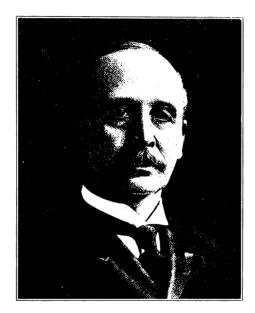
Although Chicago is nearly a thousand miles away, this city heads the list in the Western States which have supplied professional talent for the New



Jersey conventions. Twenty-five of her ablest experts have been on the programme, and it is with the greatest satisfaction that we mention the names of J. S. Marshall, L. F. Haskell, C. N. Johnson, A. W. Harlan, J. Austin Dunn, A. H. Peck, Geo. W. Schwartz, Robert Brewster, E. G. McWhinney, J. N. Crouse, W. B. Ames, E. J. Perry, E. S. Talbott, and W. J. Taggart.

Ohio.

Ohio, if she had only sent Prof. Jonathan Taft, would have done herself infinite credit, but the fact is she has been ably represented by ten younger men,



DR. S. H. GUILFORD

such as J. D. Callahan, L. E. Custer, C. N. Carr, F. M. Casto, E. C. Beggs, R. D. Wallace, J. T. Snyder, W. C. Grahm, T. H. Whiteside, who added to the prestige of the grand old Buckeye State.

Minnesota.

The West.

Prof. G. V. I. Brown, Dr. E. K. Wedelstaedt, and J. E. Weirick, and others, have taken active part from the magnificent State of Minnesota.

Dr. C. H. Land, from Michigan; Prof. Clyde Davis, from Nebraska; Drs. W. P. Griswold, P. T. Smith, and R. M. Felton, from Colorado; J. F. Burkett, from Kansas; I. P. Wilson, from Iowa; Drs. F. F. Fletcher, P. H.



Morrison, A. J. Prosset, and J. D. Patterson, from Missouri; E. W. Ream and E. W. Dodez, from Indiana, have participated in the conventions a number of times.

California.

The other side of the continent has been ably represented by Drs. M. Gildea, M. W. Hollingsworth, G. F. McGraw, and Prof. Wm. Bebb, from California.

Baltimore.

The Sunny South has been in no wise backward in taking part in the conventions, but has generously furnished some of the brightest minds in the country. Baltimore alone has been represented by fifteen dentists, including such college professors, clinicians, and practitioners as Profs. H. W. Foster, T. S. Waters, E. E. Cruzen, Wm. B. Finney, B. Holly Smith, W. G. Foster, C. J. Grieves; Drs. C. M. Gingrich, R. B. Winder, D. Genese, J. E. Scott and W. S. Turlley.

Washington follows very closely upon the footsteps of Baltimore by sending twelve of her most Washington. talented citizens, among them being Drs. R. F. Hunt, M. P. Finley, W. W. Evans, F. G. Daly, A. W. Sweeney, H. B. Noble, L. F. Davis, R. B. Donaldson, and Emory A. Bryant.

Z. H. Zuckerman, of Virginia; Kasson B. Jones and J. N. Carr, of North Carolina; C. S. Wil-The Southland. liamson, South Carolina; Frank Holland and L. B. Adair, of Georgia; Geo. A. Logue and Harry Feltus, of Louisiana; S. B. Cooke and Gordon White, of Tennessee; Howard L. Stewart, of Mississippi; H. B. Teleston and P. A. Pennington, of Kentucky, and W. R. Clifton, of Texas, all have appeared at Asbury Park Conventions, where their presence was greatly appreciated and their efforts contributed in no small degree to the success of the meetings.

Various islands of the sea have also had representatives at our meetings. We may include among **Tslands** of the Sea. them Australia, which has been represented in the person of Dr. William H. Morrison, and others.

Louis Ottofy, of the Philippine Islands, has read many papers, given numerous clinics, and participated enthusiastically in the discussions.

Dr. Cephas Whitney, of the island of Jamaica, was the author of a paper presented at one of the conventions, while the name of Andrea Cassavo, M.D., D.D.S., also has appeared upon our programme.

Canada has been a participant inasmuch as she has contributed through the clinics, papers and dis-Canada. cussions of Drs. Brown, of Montreal; C. P. Lenox, of Toronto and Mary C. Warburton.



Dr. Bernard Schmidt hailed from the province of New Brunswick.

Great Britain has been represented by Dr. William Mitchell of England, and Dr. William H. Williamson, of Scotland.

Drs. Pitrous Melen and W. C. Gardinere are both mentioned upon the printed programmes as coming from Marseilles, France.

Germany has made the most vivid and lasting impressions through the remarkable personality and life work of Dr. Wilhelm Herbst, of Bremen, an original investigator and independent thinker, and a clinician of rare skill, while Dr. N. S. Jenkins of Dresden added a new specialty to the science and art of dentistry, as presented at the State Society conventions.

South America has been interested in our meetings through the presence of Dr. H. W. Ammerman, of Caracas, Venezuela. Mr. Paul R. de Amaial, of Brazil, honored us with a most eloquent and appropriate speech for a foreigner to deliver.

Japan has distinguished herself in our conventions through the exhibitions of the remarkable skill and keen intelligence of Drs. T. Takashima and Jokichi Takamine, of Tokyo. Dr. J. Takamine described in an admirable paper the research which led up to his discovery of the new hemostatic adrenalin, which has become one of the most popular remedies in the United States Pharmacopoeia; Dr. Elliot P. St. George, formerly for many years a practitioner of dentistry in Japan, read a paper, gave clinics, and participated in the discussions.

In 1899, Dr. Horn, of China, was also a visitor, and participated in the proceedings of one of our conventions. During a pithy and humorous address he invited the society to call their annual meeting in China on the Fourth of July, when they could find plenty of congenial "spirits" (ingredients of his own mixing) to appropriately celebrate the day and occasion.

Members of the New Jersey State Dental Society who have taken active part in national organizations and been promptly identified with the various international dental congresses, include such men as: Jeremiah Hayhurst, the dental professor, diplomat, historian. He was known as an erudite and dignified speaker at national conventions, "a gentleman of the old school," the New Jersey "war horse."

Charles S. Stockton, the versatile, ambitious, "silver-tongued orator," a direct and worthy descendant of the signer of the "Declaration of In-



dependence," who has injected fire and energy and enthusiasm into many a national event.

Charles A. Meeker, the "prince" of dental organizers, whose services have always been in national demand, who has held many national offices for many years, and who represented his State Society in Paris in 1900.

Fred. A. Levy, the combative yet well-balanced leader, around whose memory lingers a halo of vivid recollections aroused by the mere mention of Niagara, Saratoga and Long Branch conventions.

- R. M. Sanger, the orator, poet, mechanical genius and teacher who has always been identified in some prominent way with dental events of a national character.
- B. F. Luckey, who, in emulation of his famous namesake, the "immortal Benjamin Franklin," can draw lightning from the greatest dental convention ever held, and dazzle the mind of the most cultivated by his logic and eloquence and wit in defense of his views on topics of vital interest.
- Dr. J. Allen Osmun, the phenomenal operator, forcible speaker, gifted writer and strenuous worker.

George C. Brown, distinguished soldier, the cultured dentist and ornithologist, as well as his son, G. Carleton Brown; George Emory Adams, former president of the Board of Dental Examiners; S. C. G. Watkins; James G. Palmer, and others, will occur to you as men of national reputation.

The cosmopolitan character of our meetings has been disclosed by reviewing before your mind persons who have made indelible impressions from different States of the Union, Canada, Austria, Australia, China, Japan, England, Ireland, Scotland, Germany, France, Italy, Spain, Philippine Islands, Mexico, Central and South America. It needs only the co-operation of your memories to marshal before your vision an imposing array of convention history which should make your understanding more vivid, your professional attainments seem larger, your heart swell with pardonable pride. This retrospect should stimulate your life to more strenuous effort in the future. For, we must surpass the record of the past, live up to the possibilities of the present, and "set the pace" for future generations as an *organized* profession.

The future opens up before us with a vista of work yet to be done, usefulness hitherto undreamed of, prophecies yet to be fulfilled. The work that has thus far been done is but as "drops of water" to the vast ocean, compared with the work yet to be done among the 1100 licensed dentists of the State of New Jersey, and 40,000 dentists in our country. The deeds you have accomplished in the past are mere hints as to what you can do

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in the future. We can not exist upon the fruits of the past; we must thrive upon the deeds of the future.

Ever upward, ever onward, with undimmed vision, unceasing energy, untiring zeal, undiminished enthusiasm, unimpaired intelligence, must we press forward toward the accomplishment of this work. There are hundreds of dentists "thirsting for more knowledge." There are thousands of dentists beseeching us, "Tell us the truth" about prophylaxis, about orthodontia, about operating, about prosthodontia, about anesthesia, about materia medica, about pathology, about therapeutics, about anatomy, about surgery, about science, about art, about learning, about skill, about life.

Light, more light; truth, the whole truth; knowledge, more knowledge; skill, greater skill; power, more power; wisdom, more wisdom, is the cry of the dental profession to-day, and as it echoes and re-echoes out of each successive convention, see to it that you transmit to posterity, light, truth, knowledge, skill, power and wisdom, while you inject into them vital energy to make them potential forces in the universe.

## Report of Materia Medica Committee of the New Jersey State Dental Society.

This committee presents this report on a few of the new medicaments that have been called to our attention during the past year.

Acetol.

A remedy for toothache found by Dr. Aufecht, consists of acetic acid 88.5 per cent., with small quantities essential oils, sage, peppermint and clove.

Dentola.

A solution recommended for painting on swollen gums, consisting of cocain hydrochlorid 1 part, potassium bromid 10 parts, glycerin 200 parts, water 200 parts.

Euformal.

A proprietory antiseptic tablet form, consisting of oils eucalyptus and wintergreen, thymol, menthol, boric acid, fluid extract of wild indigo and formaldehyde.

Dentalone.

A saturated solution of chloretone, over thirty per cent. in oils, clove, cassia and gaultheria; a powerful local anodyne, which exerts also an antiseptic action.

Pyrozone Absorbing Cablets.

These tablets, used in conjunction with pyrozone three per cent. solution, cleanse the mouth and keep the tongue free from being coated. The alkaline character of the tablets enables them to exert a



saponifying action on the tongue coating, thus removing it completely, while the pyrozone solution destroys the various forms of bacteria present in the mouth.

A convenient, efficacious and prompt hemostatic; not caustic like carbolic or chromic acid; produces no foaming as does hydrogen peroxid, nor a blood clot like the iron preparations and other styptics; acts as a vaso-constrictor pure and simple. Stypticin occurs in a yellow powder of bitter taste, freely soluble in water or warm alcohol; also comes in three-quarter grain dental tablets.

A new preparation of formaldehyde in the form of tablets for the treatment of putrescent pulps and blind abscesses; can be used with but slight risk of causing sloughing of the gums. After the introduction of formacoid, formaldehyde gas is slowly generated, the action however not being violent enough to produce undue pressure in the root canal.

#### Review of Dental Literature for the Year Ending July 1st, 1908.

By JOSEPH G. HALSEY, D.D.S.,

Report of Committee on Dental Literature of New Jersey State Dental Society.

It is a great pleasure to note the growing interest in dental literature as attested by the creation of dental libraries by the profession itself. This interest among dentists is of comparatively recent origin, and is most encouraging because it gives practical evidence of a new stage of development in our professional work. The dental profession has been frequently criticized—and too often justly—as a non-reading profession. In corroboration of that fact we see the constant repetitions which are recorded and re-recorded throughout our literature. As the reading habit among dentists is more and more developed the profession will be less and less open to such criticism.

Broomell's Work. Genesis of the Blood Supply to the Teeth," read before the American Society of Orthodontists, at Detroit, October 18, 1907, and published in Items of Interest April, 1908, is a notable contribution to the literature of dental histology. It may be remembered that the old theory of tooth development was set aside by a remarkable and well illustrated paper giving the results of pains-



taking research by our own Dr. Leon Williams some years ago. only did he correct the errors of Mr. Goodsir, the English investigator, but he convincingly demonstrated how this careful observer had been led astray by depending upon dried specimens for microscopic investigations. While the research of Dr. Broomell's was especially directed to ascertain whether or not the well-being of a tooth was endangered by force used in orthodontia, his apparent demonstration that the nutrient supply to tooth follicles is by a special and temporary system, that disappears when the oncoming tooth is sufficiently matured, is an interesting and important addition to our knowledge of dental histology. He concludes that the fear of orthodontic force causing strangulation of the vessels concerned in nourishing the tooth is practically groundless. early blood supply to the teeth is a circulation so within itself, that little harm can result from the generous pressure employed in modern orthodontia. The permanent arrangement of nutrient vessels, which are found at the apex of the tooth root, is a later development. While researches such as this must be held in abevance until demonstrated to be accurate by other observers, Dr. Broomell well deserves credit for the work he has done in this his favorite field; it is a credit to him and to his profession. This paper is timely, as the trend is at present to begin orthodontia work at an early age.

Dr. Stanton's Paper. Dr. Frederick Lester Stanton, of New York, in a paper entitled "Orthodontia Diagnosis," read before the New York Institute of Stomatology, April 2, 1907, and published in the *Journal* for September.

1907, enforces the importance of correctly diagnosing malocclusion early. He refers to the many assigned causes of malocclusion, and disproportion of the jaws and teeth, such as intermarriage of races, etc., and considers them unscientific explanations. He refers to the many examples of warped and mutilated faces seen in art galleries and photo studios. These he considers examples of unscientific treatment, or lack of treatment, of malocclusion. The theory of heredity and degeneracy, "the father's teeth in the mother's jaws," he says has been treated seriously far too long. Careful examination of the malocclusion seen at the twelfth year may have been caused by the premature extraction of a deciduous tooth at the fifth year. Malocclusion, he contends, is not inherited. Nature does not duplicate her mistakes. Accepting these conclusions, the first duty of the orthodontist is to define what is normal occlusion, and then to seek for and to remove the cause of malocclusion, and, as far as possible, to undo the mischief. He urges, to this end, a thorough study of conditions at birth; of the normal changes in the jaws and associate parts due to growth; and to note how and why abnormal conditions arising and con-



fined to associated parts interfere with the normal growth of the jaws and teeth. Numerous communications have appeared in the various dental journals urging strongly that rearrangement, when necessary, should begin by placing the deciduous teeth in a normal position. It is contended that it is unscientific, when it can be seen that a crowded denture is imminent, to wait until the threatened danger developes; and equally so to permit abnormal conditions to continue in the deciduous teeth which experience has taught will in all probability be reproduced in the permanent denture.

X Rays in Dentistry. The X rays have come into prominence as assisting in the early diagnosis of abnormal conditions. This new aid, however, is charged with being capable of doing serious mischief, and in a journal especially

devoted to X ray work, the editor very earnestly urges caution in its use. Inasmuch as these rays readily pass through many substances which we are accustomed to consider opaque, unless carefully guarded they may seriously injure an unsuspecting bystander. The editor urges that the globe be covered by an X ray opaque envelope, to prevent the rays shining anywhere else than where they are wanted, and that the current be not turned on until the operator has satisfied himself that all is safe; and that it be immediately turned off when the work in hand is completed. The threatened enactment of a law in the State of New York limiting the use of the machine to medical practitioners is evidence that this danger has been recognized. It will be well to bear this in mind.

Cast Gold Inlays.

During the past year dental writers have been much occupied with the cast inlay question. It has excited a wide interest, and much thought has been

given to improving the technique and to simplifying the process and machines used. Some machines, or rather we may term them appliances they are so simple, that have proved capable of doing excellent work, are so simple, inexpensive, and so easily constructed, and so far removed in form and action from the usual workroom appliances, that, until seen in operation, they might pass for caricatures. One's thumb guarded by a wet rag has been found sufficient to force the molten gold into a mold so as to produce an acceptable cast inlay. A pill box, a child's toy tin pail swung around one's head, a pair of tongs, a Yankee clock, an oldfashioned coffee mill, and a thousand and one such like devices have been suggested in dental journals for inlay casting, and not only suggested, but the statement made that they have been adopted to the displacement of expensive machines. Compressed air, steam, gunpowder, inertia, centrifrugal force, and atmospheric pressure brought into action by an exhaust pump, have all been utilized in making molten gold flow into a mold.



The casting process has been used in constructing various forms of prosthetic work with more or less satisfaction and more or less disappointment. Enthusiasm now and again covers a multitude of sins—for a little while; they are apt to crop out later. The matrix-made inlay is still advocated. Experts claim for it that it can be made quicker, retention is more easily provided, and that there is less risk of failure. It is an older process, and its possibilities and limitations are therefore accurately known.

While the porcelain inlay in its varied phases still occupies a prominent place in dental literature, Porcelain Inlavs. there is a marked falling off in the enthusiasm of a While some of this may be due to the fact that its few years ago. technique has been developed, and has become generally known; that the numerous problems which came with it have been solved, and that it has become an every-day process, we have occasionally hints of disappointment. The careful, observing, skilful expert, who always risks less than does his impetuous brother, has doubtless been better satisfied, and has less to regret, and will slowly, if at all, relinquish the porcelain inlay. The enthusiast, however, has found a new toy in various improved cements that are now receiving attention in the dental journals. They are very much more easily worked than inlays. The translucent tints rival porcelain at its best in accurately matching the color and contour of the natural teeth. The cement line has been eliminated in the silicate cement filling; contouring is no longer guess work; the shadow problem has been solved; and color matching is no longer the vexing problem involved in porcelain fusing. The reports in the journals are quite encouraging that the long-sought cement filling may be near at hand. This has no doubt been a factor in repressing the inlay.

Prophylaxis. Kirk's Uiews. We note less space given to discussing dental prophylaxis, but do not infer that it has ceased to be a matter of interest, since there has been much written on the injuries done by the tooth brush, but

that it has simply been "worked out" on purely mechanical lines. Its importance is still insisted upon, but about all that can be said on drugs, instruments and methods has already been said. Now and again some one departs from the beaten track with encouraging suggestions. Dr. E. C. Kirk read a paper before the Pennsylvania Association of Dental Surgeons, published in the *Dental Brief*, October, 1907, that well merits a careful reading. Dr. Kirk takes the position that a filthy mouth is not a normal mouth. He contends that mechanical prophylactic treatment should be considered as mere temporizing; that the cause of the abnormal condition should be the real objective, and that every effort should be



directed to ascertain the cause and to restore normal conditions. The dentist should look beyond the confines of the oral cavity, and be something more than a "tooth carpenter" and "mouth scavenger." He presented a wide and promising field for scientific research. The question of diet, rest and labor, functional activity, normal and perverted, all are important factors that a well qualified dentist, he insists, should always consider, as all are concerned in obtaining and maintaining a clean, healthy mouth. This means health and happiness, and an enlarged capacity for usefulness. Periodic cleaning is not scientific, although it may prove profitable to the cleaner. Dr. Kirk has had a long experience and unusual opportunity to observe the effects of proper food, exercise and rest in promoting health when some years ago he was dentist to a large and well managed institution; this, and his reputation as a scientist, give to his paper added value.

### Prevention of Caries.

Somewhat on the same line is a report from the Committee on Scientific Research of New York State Dental Society, who recently investigated the claim that dental caries may be arrested by the ad-

ministration of potassium sulphocyanide. It has been reported that potassium sulphocyanide is a normal constituent of human saliva, and that it is always present when dental caries is in abeyance, but is usually absent when caries is rampant. Should this prove to be true, then the work of the dentist will be very much simplified. The committee, as a result of their investigations, seem inclined to think that it is worthy of trial. They found that its administration was promptly followed by its appearance in the saliva, and that it continued as a salivary constituent long after its administration was discontinued. They suggest that in cases where it is deficient, by administering it for a short time the habit of its secretion may be formed, and the mouth thus rendered immune to dental caries. By testing for its presence at intervals this condition of immunity may be insured and the teeth kept free from caries. The committee recite the fact that mouth washes are but temporarily in contact with the oral tissues, but the saliva is constantly present, therefore if the saliva can be made to do the work of an oral germicide the wished for condition of immunity may be maintained. This committee acknowledge that their labors are not to be considered conclusive; they lacked facilities to make their investigations as thorough as they desired, and the time test, and the test of actual conditions under varied circumstances, alone can be accepted as warrant for its introduction into actual practice. It must not be forgotten that this drug is a close kin to the most violent and rapid life destroyer known.

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### Metchnikoff's Investigations.

In the same line is the work of Elie Metchnikoff, of the Pasteur Institute of Paris, on the Prolongation of Life, which during the past year by translation into English has been made accessible to

English readers. While this is not a dental work, it is of dental interest in that some of his conclusions suggest that oral conditions which the dentist is called upon to treat may have their origin in that convenient receptical of effete matter, the rectum. It is here that the vital machinery extracts the last portion of nutriment from ingested material. If all is working well, this refuse, ready to be cast out, is harmless. This, among the more intelligent races, those who live luxuriously, is seldom the case. It is constantly dominated by putrifactive germs, and is putrid. nutrient matter taken from it is tainted, and distributed through the system acts as a poison. To a certain extent we become immune to this. notwithstanding, however, it does poison, and to its effect Metchnikoff ascribes the various progressive failings we denominate "old age." Gum recession, pyorrhea, and various pathological oral conditions, are among the evils resulting from rectum filth. To combat this he would first reduce the quantity of food stuff that is liable to become putrid, replacing it by the less liable to undergo this change; and further introduce foods containing active lactic acid germs to combat and render harmless the germs responsible for putridity. If his theory is true, the dental prophylactist is working at the wrong end of the alimentary tract. We have frequent cases reported of improved oral conditions accompanied by a greatly improved general health, following the abandoning of a meat for a vegetable diet. Such cases are frequently reported in medical and dental literature, sufficiently so, indeed, to warrant our giving this more attention than it has heretofore received. In all these matters we must remember that results of laboratory experiments are not always confirmed by actual experience. A few years ago it was taught that sound teeth result from living on food containing an abundance of lime salts; that whole wheat bread was superior to white flour, etc. Later and more exact knowledge has proven that in many cases the additional nourishment in whole wheat flour is too indigestible for most stomachs to manage, and that while the white flour contained less nourishment, it was in a more available form and more generally useful.

While prosthetic dentistry has received its due share of attention, it has been in the form of mere personal experience, and nothing especially new has been presented. Several papers have appeared upon various phases of the business side of a dental practice. It is to be regretted that these, for the most part, have been written by practitioners who have been or who wish to be, thought to have been unusually successful. The



successful men, those who can do business in the style which these articles suggest, as a rule have advice to spare—they need no more. The conditions surrounding a dental practice are so varied, that very little of value can be gleaned from papers on this subject by men whose only viewpoint is from the top. Some of these papers look too much like self-exaltation for serious consideration.

No marked changes have taken place in the various dental journals of this country. They are doing their work fairly well. It is to be regretted that so many are edited with scissors and paste, while so much brought out in dental meetings is not recorded. A little energy would save much that is now wasted, and be a vast improvement to journals whose whole contents is reprint. The *Dental Scrap Book* is a commendable undertaking and will undoubtedly bring the profession of New Jersey more closely together, and prove a connecting link between the State and local societies.

A new work upon orthodontia by Dr. Case has appeared. An extensive work by Dr. Black is now passing through the press, as is also a work edited by Dr. Charles R. E. Koch, of Chicago, on Dental History in the United States.

In conclusion, the field of dental literature is so vast that to attempt to give even a brief resume, even a list of the papers presented in the multitude of dental journals, would tire your patience and impart very little information. While all have no doubt had their use and have been duly appreciated, but few in the course of a year are remembered by any one individual at the year's end. A brief resume showing the newest trend of dental thought on various matters of interest has seemed the most practical way of presenting the matter committed to my care.

#### Professional Publicity.

By Andrew Flanagan, D.D.S., Springfield, Mass.

Address before the Central Dental Association of Northern New Jersey.

October, 1908.

For some twenty years I have been in the habit of jotting down ideas of my own and things that have attracted my attention as I have gone through the practice of dentistry, and I want to-night to give a brief resume of some of these jottings.

I feel somewhat as though I were in the position of the Rev. Mr. Jones, a New England divine, who came from the old orthodox school

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and had a congregation of similar kind. He grew old in his duties and eventually needed an assistant, and he engaged a Mr. Smythe. Shortly before the first Sunday on which Mr. Smythe was to deliver his sermon he burst into Mr. Jones' study and said to him, "Doctor, I am of the new school, the school that does not believe in eternal punishment, and I can not take that pulpit to-morrow morning and preach in the old way." Rev. Mr. Jones turned around and replied, "See here, Mr. Smythe, you just get up in that pulpit to-morrow and give them hell-fire and brimstone; they'll dilute it."

Now, gentlemen, I expect you will dilute what I will say to-night. But there is one thing I want you to carry with you during the half hour that I shall talk with you, and that is that everyone in this room is queer in the practice of dentistry excepting thee and me, and thee is a little queer. (Laughter.)

Publicity. Our profession is just as essential as publicity in many other things. Publicity can be well defined by saying it is a quality or state of being open to a community. A profession is a public declaration or an avowal of a calling which is completely and entirely opposed to what is considered of an ordinary nature. We have been deluding ourselves for some years with the idea that the question of the fakir and of the charlatan and of advertising an untruth is a thing of the present.

If you will look through the public press for fifty or seventy-five years past you will find that the fakir and advertiser existed long ago. In the City of Springfield, from which I come, as long ago as 1844 we had a man who advertised in the public press that he was making incorruptible sets of teeth. He had flaming advertisements published in two of the local newspapers. In 1854 there was an unsuccessful daguerreotype artist there and he launched forth as a famous painless dentist, and advertised as such in the public prints, and his method was quite simple: To treat a carious tooth he applied arsenic for a few days and then filled it with amalgam.

In the early seventies in Boston, Mass., we had a man by the name of Dennett, who I imagine Dr. Stockton will remember, who launched out with a method known as "Naboli," and was so successful in advertising that people came from far and wide to Boston for painless dentistry. He was expelled from the Massachusetts society as a fakir, but made a fortune in a few years. Later he lost his money and died discredited, both professionally and financially.

We have heard a great deal on the subject of society education of the public; I believe people are best educated by the individual dentists.



I have been astonished as I have talked with the various people connected with medicine, the law, the ministry and the public generally, to find what is the average opinion held in regard to dentistry. In what I say to-night I want you to remember that honest criticism is the test of true friendship, and if I say anything that does not please you, try to remember that it is intended as honest criticism.

I have found that the average person seeking dental service is impressed by the idea that the most costly and important thing is the material used. That is something tangible. The time and ability of the operator is seldom considered by those who seek our services or advice. As to the advice, the average man seems to think the dentist can give him none of any value, whereas if a physician gives his time and ability in the same manner its value is recognized. That is the wrong kind of publicity, and we collectively and individually are to blame for that condition to a great extent. The physician is entitled to a fee for a prescription, and why should not a dentist, if he gives of his time and advice, be entitled to a fee?

Extraction of Ceeth.

We have eighty millions of people in this country, and I understand there are from thirty to forty thousand dentists; yet apart from the extraction of teeth dentistry is decidedly a luxury to the majority

of the people. If extraction does the most good for the greatest number of people it behooves us, from a professional standpoint, to have distinct knowledge concerning that ordinary thing known as extraction. I am connected with a hospital in my community and have been for some years, and I have been astonished to find people coming there not infrequently suffering from the effects of improper extraction. When the patient went to the dentist, the dentist did not take into consideration the condition of the man's mouth, nor what would happen after the extraction, nor did he take into consideration the fact that the extraction of teeth is just as much a surgical operation as many of the doings of very eminent surgeons. A surgeon would follow up an operation if he deemed it advisable and take care of the patient until healing had taken place, and the patient could be dismissed in a sound condition. The average dentist takes a tooth out for a mere pittance and dismisses the patient. If the patient meets with unfortunate results, does he go back to the dentist? No, he usually goes to a physician, because in the mind of the ordinary individual there is an idea that a dentist is not the man to treat a pathological condition, and, gentlemen, that is publicity we can do very well without.

Dead Ceeth.

Another thing I wish to refer to is the fact that many dentists speak of a "dead tooth." If there is any one thing that has been left to us as an evil

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heritage in dentistry it is this erroneous term. "Dead" conveys to the average mind that it is a thing that can not trouble any more, and no dentist should refer to a pulpless tooth as a dead tooth, but should explain what it is, and that a so-called "nerve" is a "pulp," with circulation and nerve tissue. Let us cease using the word "dead tooth" and use the term "pulpless tooth" and let us teach our patients that the tooth is not without sustenance, not without life and not without sensibility. There is no one but the dentist himself to blame for the impression which the public has in this particular.

If there is one thing I desire to impress upon the mind of a patient, it is that the teeth are subject to the laws of health and disease just as any other part of the human body is, and why should not that be taught to the public? And that is another form of publicity that is going to help us.

Some patients are very anxious to find how long the result of an operation will continue, and it is just as well to tell such people in plain English that God Almighty did not make teeth that will last forever, nor can we. Some dentists make the mistake, in their enthusiasm over an operation of saying, "That will last indefinitely," and that is not a wise thing to say, because that operation may come back a failure before you realize it.

Another kind of publicity of the right sort is to impress upon the mind of the patient the length of time and the amount of trouble and expense connected with dental operations. Try to make them understand that there is such a thing as specific disease in the mouth and that complete sterilization of our instruments is demanded and that all that takes time, and that often we must have the services of an assistant and possibly two assistants. When we have achieved that kind of publicity we have done something that will help us.

Sometimes dentistry is looked upon as a profession not of culture. Now what is culture? Is not culture the taking of the ordinary in this life of ours and building it up to that which is more than the ordinary to make the very essence of that which is best in the world in all things?

necessity for Real national Organization. I propose now to leave the question of publicity through the individual dentist and take up the question as connected with societies. If you will inquire into what medicine has accomplished in that direction you will find that a few years ago the medical

profession as a complete organization, had no existence, while to-day the American Medical Association is one of the greatest organizations of its kind in the world. Dentistry along the lines of publicity needs organization, and it needs organization into a national body. You have State societies that are doing good work and will always do good work, but



if we had such a National organization as we should the question of the Army and Navy Dental Bill would not be where it is to-day. If you approach any body of legislators, you will find that they want to know what your membership is; what you represent; what is back of you; how many votes you have; and when you tell them that in the whole of this country you have a paltry six hundred men in your National organization, you are telling something which should better be suppressed—from the standpoint of publicity. That kind of publicity is doing more harm, in my humble opinion than any other one thing. You are to blame for it, and I am to blame for it, and every man connected with the practice of dentistry is to blame for it; for we should have an organization of the National Dental Association along the line of the American Medical Society, and it is just as much the duty of the Jersevites to see to that as it is of the Massachusettsites, and if the Jersey people will attend the National organization, if they will send a committee from their State organization to the meeting next year, telling what the Jerseyites will do, they will have accomplished something which will be as great along the lines of publicity as anything could be at the present time.

The question of this National organization is a peculiar one. It is peculiar in this way, that we have no organization in which we can get up a National agitation for anything. Is it not the duty of a National organization to promulgate views on the question of the care of the teeth? Is it not the duty of that organization to father many things which have been neglected?

At the last meeting of the National Dental Association it did something which was one of the greatest things it ever did, and that was when Dr. Patterson presented the rules and regulations concerning the care of the teeth as fathered by that organization. Those rules and regulations can be had by any dentist, and he can give them to his patients fully satisfied that there is nothing unethical in his doing so.

The question of scientific work, dentistry in the public press, is not being overburdened with scientific investigation of the true investigator.

Education of the Public Chrough the Press.

The public press is one of the greatest means for the education of the public concerning dentistry, but it must be handled correctly. A large part of the public press at the present time seems to be bent on sensationalism: anything that is immoral or off-

color, or that will attract attention, will get into its columns, but the good that is in the world fails many times to get into print. Why? They do not spend their time in writing such things up. Every dental society should have a committee on the press appointed. This committee should have the ability to prepare a resume of the meetings for the public press,

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and when matter is prepared in this way you may rely upon it that it will be published and when that is done publicity will have been accomplished, and that is worth something. And that is one thing, it seems to me, which each society should immediately take up.

In Massachusetts a work has been started known as the Massachusetts Hygienic Council. It was begun with the idea that the time had arrived for a State organization to be formed which could impress on the public, in co-operation with the medical profession, the importance of the prevention of caries of the teeth. the last meeting of the National in Boston we had an exhibit open to the public, and among other things models were shown as well as literature. In Massachusetts the dental profession is doing a great work along the lines of the prevention of tuberculosis. In various cities we have from time to time exhibits, and we found the medical fraternity were only too happy to allow our exhibits to go in with theirs and to give us recognition. To-night, in the City of Fall River, there is to be a meeting with six speakers; I was to have been one of them myself, for I was invited, and if it were not for the fact that I promised last spring to come here to-night, I would be in Fall River now; but the dentists will be represented there by a man who can do far better than I. and he will give them an idea of what dentistry can do in the prevention of tuberculosis. That is the kind of publicity that counts more than anything else that we have done in Massachusetts, and I trust and hope the various societies will take this up and co-operate with the medical profession and endeavor to inculcate in the minds of the people who come to these gatherings what dentistry is doing along the lines of prevention, for that is a matter which a very small proportion of the public at large know anything about—the fact that dentistry is studying That is the kind of publicity we must have in the future more than we have had in the past.

In closing I desire to say that if there is one thing that appeals to me it is that there has been developed within the last few years the fact that dentistry has a future such as never before has been conceived. I can see conditions for the better that I never saw before. I am an optimist, and I believe that an optimist in dentistry has a red and rosy apple, while the pessimist will quarrel over the core. Some say that "an optimist is one who doesn't care what happens, provided it doesn't happen to him," but I am not that kind of a man, and I believe there never was so much in the future of dentistry as there is now. But it must come along the lines of organization, by societies taking up the idea of scientific investigation and taking money from their treasuries and giving it to people who show ability along certain lines.



In my opinion, the dentist of the future will be a man who takes all beneficial things in all the professions, into dentistry, and uses them. That is the future that I see, nor do I believe that we will fail, because intelligent agitation when fought for by any organization of any great strength will accomplish wonders. Intelligent agitation will do almost anything, and I trust the time will come when all organizations will have these thoughts and these ideas concerning the advancement of dentistry come to them—come welling and surging in:

"Come from that mighty ocean whose rim no foot hath trod; Many of you will call that longing, but I will call it God."

As professional men we have a duty not only to the public, but to each and every practitioner. We must have a professional creed, and one that will stand the test, one that will speak of the best that is in our fellowmen, and not of the evil, that we may be able to cast our bouquets during the life, rather than to place them on one's bier after his death. Let me here to-night offer one:

"The nun within the convent walls
Kneels in her narrow cell to pray;
Her blessed beads she telleth o'er—
A prayer for each at close of day
We, too, must pray; but ah! for us
There is a different rosary.

"We keep it close about our hearts,
Not precious stone, nor carved bead
Linked each to each, not such a one
Demands of us our professional creed;
But for each bead, in place we see
A dear loved face, our rosary.

"Dear faces carved in loving thought:

When each still night we kneel to pray,
Or when our hearts, all silently,
Murmur their prayers throughout the day;
We tell our beads and ask that He
Bless each one in our rosary."



#### A Rational Creatment for Putrescent Pulps.

By B. H. Harms, D.D.S., Belle Fourche, South Dakota.

Read before the South Dakota State Dental Society, July, 1908.

I wish to call your attention to one of the most interesting conditions which we, as dentists, are called upon to treat.

Putrescent pulps for a great many years have been treated empirically; that is to say, some agent has been used and a result brought about, but just how that agent acted in the given case was not known.

When conditions are treated rationally we know, in the first place, just what we have to deal with, and in the second place we know just how a certain remedy will bring about a result.

For as rapid an advance as dentistry has made in the past few years, the field of pharmacology, which treats of the action of remedies on the tissues of the body, has been more or less neglected.

In bringing this subject before you, time will not permit me to go into any lengthy explanation of the chemistry of pulp decomposition. As briefly as I can, I will try to explain the breaking up of the pulp tissue, and before I close I will show, by the use of a few chemical tests, how certain agents act upon the decomposed pulp tissue.

## Decomposition of Pulv Cissue.

The pulp tissue does not, in its normal state, differ materially from a chemical standpoint from other animal tissue. It is composed of carbon, hydrogen, nitrogen, a little sulfur, and sometimes a

little phosphorus is found in the protoplasm; and in the hemoglobin of the blood we find iron. All, or nearly all, animal tissue is composed of carbohydrates, proteids and fats, and we will assume that the pulp tissue likewise contains these compounds, although some men in the profession claim, though they have never proven it to be a fact, that one or another of these compounds is not found in the pulp tissue. In the decomposition of the carbohydrate compounds there is formed a gas in the root canal of the tooth, known as carbon-dioxid gas. And again by the putrefaction of the proteid compound, ptomaines are produced, and by the further putrefaction of the ptomaines, ammonia and hydrogen sulphid gas are produced. So then, besides the ptomaines which are formed within the pulp canal, there are at least three principal gases formed, namely: Carbon-dioxid gas, which is produced from the carbo-hydrate compound, and admonia gas and hydrogen sulphid gas, which are formed by the decomposition of the proteid compound.

Now that we know what the gases are that are found in the putrescent pulp canal, we will select some drug which we know will counteract these gases, and chemically change them into liquids and solids so as to



render them harmless. The agent which, when sealed hermetically in a putrescent tooth, will act upon those gases is formaldehyde, in the form of a forty per cent. solution in water, commercially known as formalin. With equal parts of tricresol, formalin makes an ideal remedy to use in case of putrescent pulps and will combine with tricresol in all proportions.

Now let us take up briefly again the action of these drugs on the gases and putrescent material Action of Formalin. found in the pulp chamber and canals. When ammonia gas and formaldehyde gas are brought in contact with each other, a chemical reaction takes place, and as a result there is formed a solid known as urotropen. Urotropen for medical purposes is made by the combination of these two gases, and is used in medicine as a disinfectant, especially in the urinary tract. So gentlemen, by the use of formalin we have changed one of the gases of the putrescent tooth into a solid, which is in itself a disinfectant and has no harmful properties. (Experiment.) Then again when formalin is brought in contact with the hydrogen-sulphid gas a chemical change takes place and the odor is disposed of. periment.) If you will transfer the liquid which results from this chemical union to an evaporating dish and let it slowly evaporate, after you have given it time to drive off some of the water, you will find that whatever is in this evaporating dish burns, and now it will not smell like either hydrogen-sulphid or formalin, but it does smell like wood alcohol.

It would seem that the main things with which we have to contend are ptomaines, hydrogen-sulphid and ammonia gas; that all we would need in the treatment of these conditions would be formaldehyde. And as a matter of fact formaldehyde alone can be used successfully in treating putrescent pulps. It should, however, not be used stronger than a ten per cent. solution.

But you will not have disposed of the fats. We Action of Cricresol. believe we have fats; if not in the original tissue we have them as a result of the breaking up of that original tissue. We find in our materia medica that lysol is a good antiseptic, and that lysol was made by the action of cresols upon fats, and after the fats had been acted upon by the cresols, they were saponified by the use of alcohol, and as a result lysol was produced. Cresols resemble phenols. There are three cresols: Meta-, ortho- and para-cresol, and we have a liquid in commerce known as tricresol, which is a refined mixture of these three cresols. Tricresol is three times as powerful, but only one-third as toxic, as phenol.

Now if lysol is produced by the action of cresols upon fats and then subsequently saponified by the use of alcohol, and if we have fats as a result of the breaking up of this pulp tissue, it seems quite possible that we might make something in the pulp chamber which has at least a relation



to lysol. Therefore we select tricresol as a vehicle with which to dilute the formalin. First, because it will mix with formalin in all proportions; second, because it is itself a good disinfectant; and, third, because we believe it acts upon the fats, making something which, if we will use absolute alcohol, as we always should, for the purpose of drying the root canals, will become saponified and form a product resembling lysol, an antiseptic.

Thus we have a mixture which will not only dispose of the ammonia and ptomaines, but also of the fats as well, and dispose of all of these substances to advantage. The hydrogen-sulphid and formaldehyde unite, forming wood alcohol, which is poisonous to micro-organisms. Ammonia and formaldehyde also unite, producing urotropen, which is not a bad thing to leave in the tubular structure of the tooth. The action of tricresol upon fats, if you will subsequently saponify the product with alcohol, produces lysol, or something that has similar properties.

So, then, gentlemen, you will get excellent results in treating putrescent pulps if you will use equal parts of formalin and tricresol.

# Method of Using Formalin and Cricresol.

In using this mixture the following method of operating should be followed: At the first sitting the rubber dam is applied; if possible, open the pulp chamber thoroughly and see that the mouths of the canals are open; do not at this time attempt to remove

any of the putrescent material from the root canals, as there is too much danger of forcing some of it through the foramen. Wipe out the pulp chamber and place therein a small pledget of cotton which has been saturated in this solution; place another dry piece of cotton over this and seal with cement. Leave this in for two or three days, when you again apply the rubber dam, remove cement and cotton and at this sitting remove thoroughly the contents of the canals; dry them with alcohol and again seal in this solution for three days to a week longer. Or, if you wish you can seal in a milder solution, two parts of tricresol to one of formalin, as these two drugs will mix in any proportion. At the end of that time if the tooth has not given trouble, and it will not have given trouble if you have done your part properly, the canals can be dried and filled.

There is nothing else, gentlemen, which you can seal in a putrescent tooth hermetically, at the first sitting, except some preparations which contain formaldehyde, and not have the toothache.

Care should not only be taken in using this remedy, to see that none is forced through the tooth into the surrounding tissue, but also to be sure that each root canal contains a really dead pulp, for when formalin is brought into contact with living tissue it causes intense pain.

Note I.—According to the last Pharmacopoeia tricresol is now called cresol.

Note II.—I tender my grateful acknowledgment for favors and courtesies extended by Dr. J. P. Buckley, of Chicago, Ill.



### Che Central Dental Association of Northern New Jersey, October 1908 Meeting.

A regular meeting of the Central Dental Association of Northern New Jersey was held at Davis's Parlors, Newark, N. J., Monday, October 19, 1908.

President Hane called the meeting to order.

On motion, a quorum being present, the calling of the roll was dispensed with.

Minutes of the last meeting read and approved.

Dr. V. E. Mitchell from the Membership Committee reported that he had written to all of the members asking for names of dentists desirable as members, and had received about forty names, to all of whom he wrote but received no replies.

He suggested that the way to secure members was by the personal efforts of the individual members in calling upon ethical dentists, not members of the society, and urging them to join.

On motion the report was received.

Under the head of new business the president referred to the approaching annual meeting and dinner and to the resolution adopted last spring providing that the place of meeting should be voted on.

Dr. Gregory, of the Dinner Committee, stated that his committee deemed it wisest for the dinner to be held in New Jersey; that the committee had made investigation and had found the most suitable place to be the Jersey City Club. Dr. Sutphen moved that the annual meeting and dinner be held in New Jersey.

Motion was seconded and carried.

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After some discussion on the subject Dr. Sutphen moved that the annual meeting and dinner be held in Jersey City. This motion was adopted after some discussion.

The president then introduced Andrew Flanagan, D.D.S., of Spring-field, Mass., who delivered an address.

#### Discussion of Dr. Flanagan's Address.

The subject of the organization of the dental profession into a compact, solid, effective body is one Dr. Trwin. which I think should be uppermost in our minds at the present time. The most tangible and systematic organization among professional men is perhaps the one that has been mentioned by Dr. Flanagan, the American Medical Association. Its influence has been widespread, and it has done much to make the medical profession what it is to-day. I believe that medicine has assumed the shape and character and position among men that it has to-day largely through the organization of the American Medical Association. You can not get recognition in Congress, nor in the Legislature, nor in the Army and Navy without, as Dr. Flanagan has very clearly suggested, organization. When you refer to the number that constitutes the National Dental Association in the presence of such hard-headed politicians as govern this country they laugh at you and laugh at the pretensions of the so-called profession of dentistry.

Dentistry does not hold to-day the position which it should hold in the minds of men. In my estimation it is on a par with the medical profession, and should have the respect of the community and the nation. It is just as much a profession and as noble a profession as medicine, law, or any other we may name, and it is for us to take up and advocate and give publicity to the question of a national organization which shall put dentistry in its proper position before the public. We should have representation in the Legislature, and strength enough to enable us to secure a law in this State which will meet the requirements of the eleven hundred dentists of New Jersey. But we are simply laughed at; they want to know what we have back of us, and we say we have the State dental society, consisting of about two hundred and fifty members. They do not care a snap for the two hundred and fifty dentists in the State society, and we can not get our law passed, and the dentists of New Jersey suffer. What is true of the State of New Jersey is also true of every State in the Union. We have to-day over forty thousand dentists in the United States, and these men united into one compact organization with a specific object in view, determined to accomplish that object,



could sway Congress for dentistry until Legislation might possibly be had to secure a bureau on somewhat similar lines as the medical bureau is organized on, in Washington, or, as the medical men aspire to to-day, eventually having one or more of its members in the cabinet. All this may seem visionary to you, but there is a time coming—it may not be in your generation nor in mine—when the profession of dentistry will be established firmly in its proper position among mankind, and when the forty thousand dentists in the United States will not be continually humiliated for the lack of proper dental laws nor handicapped by the lack of proper educational facilities, and when the State Dental Board will not be harrassed by problems which are so simple of solution with proper legislation. All these things will be done away with, and we shall reach our proper position and be respected in the community as the other professions I have mentioned are respected.

I like Dr. Flanagan because he is original. He

Dr. Meeker. has given us to-night a very long paper and a very
few words. He believes as I do in what organization
and the public press can do for our profession.

I venture the assertion to-night that the public press has done more for dentistry in the State of New Jersey than the dental practitioners, themselves have.

Concerning the remarks made by Dr. Flanagan as to the National Association, I was told at Boston that the National Dental Association has not more than four hundred members who are paying their dues. That is a sad commentary on organization for national purposes. The Executive Council met on the tenth at Pittsburg, and they selected the twenty-third of March for a meeting down South—a time when dentists are all as busy as can be, and how many men can go down there then?

I have been amply repaid for the trouble of coming to this meeting. It has not only been educating but refreshing.

Dr. Flanagan has said a great many things to-night that I was delighted to hear him say. One was the matter of calling in a doctor after the extraction of a tooth; the patient becomes alarmed and the patient's friends send for the family physician. Now, the dentist is the one who should attend to that case. I shall never forget a case of my own. Many years ago I extracted for a distinguished gentleman a lower wisdom tooth, which had commenced to trouble him some time before I extracted it. The ulceration went on. It swelled his face, and his family became alarmed and called in the family physician, who advised the application of warm poultices. The man had sense enough to say, "I want my dentist in consultation." They sent for me, and I advised cold applications. I

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shall never forget the expression that gentleman used. Showing his good common sense, he said, "This is a peculiar case; here is my family physician, in whom we have every confidence, advising warm applications, and here is my dentist, in whom I have equal confidence, advising cold applications. What am I to do under these conditions? This seems to be Stockton's case. Sink or swim, live or die, I stand by Stockton," and it was thought then he might die. That man had sense. He knew this was a matter of teeth, and one that belonged to a man who made a specialty of that part of the human system, and he was going to stand by the advice he gave. We do not always find that so, and I was very glad to hear Dr. Flanagan express the view he did.

One word on the matter of publication. I do not know how we can get many things into the papers that should go in, except perhaps as the essayist has suggested. I know the papers are ready to do what the doctor said; if the matter is given them properly prepared they are ready to print it, but very rarely will they write up anything for you; they expect somebody to do that who knows how to do it, and if we had the proper committee to prepare matter for the press they would be perfectly willing to publish it.

I am glad the essayist mentioned that little catechism, or whatever you may choose to call it, that Dr. Patterson prepared, and which was adopted by the National Association. That should be in the hands of not only every dentist, but of every patient and every school child in this country, and I am sorry that Dr. Poland, our superintendent of schools, has left, for I wish to impress upon him the idea that the public schools of this city should place that little catechism in the hands of every child in this community, and I think it ought to go into the hands of every child in the United States.

The president has suggested that Dr. Flanagan wants to be ripped up the back, but what he has given us is so good that we can only agree with him.

He spoke of dead teeth, but there should be more definite knowledge as to what they are. There are a great many who speak of dead teeth, but from my point of view whenever a tooth is dead it should be removed. When the tooth is dead the periosteum is dead, and the tooth is a foreign body just as though it were a splinter in the flesh; it is simply lying there in the jaw waiting for some little thing to happen to cause it to give trouble. Where merely the pulp is dead, that is a different matter.

I agree pretty much with the essayist concerning publicity. The people know a good deal about the quack and the dental parlors, and it is really very surprising many times to see the class of people who will speak of dental parlors and the advertising dentist in such laudable terms; it is



simply because they do not know the difference between the advertising and the ethical dentist. If the proceedings of the ethical dentists were to be published more often in the papers it seems to me the public would soon become educated in regard to who are the proper ones for them to trust. The idea of a Committee on Publication struck me very pleasantly. I think it would be a good idea if such a committee were appointed in each dental society, to prepare a report of each meeting for publication, so that it would get into the newspapers in proper form. Where the ordinary reporter makes a report he simply does it from his own standpoint and it may not be of any advantage to the society, nor to any individuals of the society, and many times what they say is quite a disadvantage because of the way in which they put it.

The matter of organization is a very serious one. There seem to be so few dentists in the national organization. As the essayist has said, a strong body will exert influence. Whenever we wish to secure legislation, if we were able to say we had a large number at our back, the legislators would pay more attention to us. And the national society is by far too small in comparison with the number of dentists in the country, and something ought to be done looking toward the organization of that association; I believe there is a movement to that effect on foot now. Certainly that organization should be increased to three or four thousand members and perhaps more, but it certainly ought to have that many.

Dr. Hutchinson, Brooklyn. The gentlemen who have discussed Dr. Flanagan's paper have touched more particularly on the subject of publicity. I am heartily in accord with that idea. It is a hard matter to get reporters to

write our meeting up and I think that we should do it. The charlatan and the quack make known through the public press what they are doing, and the ethical members of the profession ought to receive more publicity. To my mind one of the greatest points to make public is the difference in the attitude of the reputable man as compared with that of the quack. The quack is selling a commodity, the reputable dentist is rendering a professional service. Each one of us in our practice should instruct our patients with regard to that difference, and I often think the fact that we are looking out for their interests and are in a position to render them a valuable service through hard work and study and deep thought puts us in a position where we ought to be able to charge for it.

Dr. Flanagan made the point that the idea in the mind of the patient seems to be mainly that the first thing to charge for is the material. There is a point upon which we may enlighten them. I was putting in a gold crown one day and it occurred to me the patient probably had an idea that he was receiving a great deal of valuable metal and that the large

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part of my fee would be for material used. I asked him if he had an idea how much that gold was worth, and I weighed it and found it amounted to about ninety cents. I asked him if he knew why I was telling him this and he said he did not. I told him it was for two reasons, the main reason being that he might understand that I was charging for the service and that I never took into consideration the value of the material for such an operation and would charge just as much as if he had bought the material or if there was much more of it. I told him I charged for the professional service and not for the material. And the second reason was that he might know in the future if he goes to some other man that he was not charging him ten or fifteen dollars for the value of the gold in the crown.

Many patients have an idea that gold fillings in their mouths are worth hundreds of dollars. I asked a patient who had a gold filling removed if he had any idea of the value of it, and then I weighed it and found there was about five cents' worth of gold in it. The patient was astonished, and then I impressed upon him that it is not for the material, but for the professional services that the charge is made.

You can not make a patient understand that, unless you take time and pains to instruct him.

The point I have held out for strongly is that if patients come to us for advice and take our time, it is to be presumed they will profit thereby. It costs us a great deal of time and money to acquire the knowledge and to secure a legal right to give that advice, and we are entitled to a fee therefor just as much as a medical man would be. We should make the patient realize that if the advice is worth anything, it is worth being paid for. Otherwise they have no right to demand our time and take us away from other work for which we would receive a fee.

Dr. Sutphen.

One could find something to talk about on every subject suggested by the speaker to-night. I thoroughly agree with him that we should have more publicity. Charlatans see to it that everybody knows they are in town. We can see to it that people know we are here, and as Dr. Hutchinson has said, able to render them a service and not to give them merely something valuable in the shape of material. It is too late to-night to go into that subject, but there are many ways in which we can bring the attention of the public to the fact that dentistry is a profession and that those in the practice of dentistry are not there entirely for their own profit, but to give to others good and valuable service.

I once heard a very good illustration of the difference between the professional man and the commercial man. The commercial man's first thought is, "How much money is there in this for me?" his secondary



consideration being, "How much benefit will the person get from what he is going to buy from me?" The professional man's first thought is, "Of what service can I be to this person who is now under my care?" and the secondary consideration, "What is the fee that shall be required for this operation?" That is what we should educate the public up to, the fact that we are endeavoring to do them a service, and not merely to take their money, letting the service be an entirely secondary and unimportant consideration.

The reports of our proceedings are noticed by the public, for I have often had my patient say to me, "I see your society had a meeting the other day." If there could be some method by which useful information concerning our meetings could be published it would be a great benefit to the community and a very proper and ethical advertisement for the profession of dentistry.

When we read Dr. Flanagan's paper in the dental magazine we will be more and more impressed with the good thoughts which are therein contained and no one of them is more important than the fact that our National Association has such a beggarly membership—only about four hundred members really paying their dues, out of upward of forty thousand dentists in this country. That is why we find it almost impossible to do anything in dental legislation. If we had two-thirds of the ethical dentists in New Jersey, members of the State society, we could exert a powerful influence in securing proper legislation. Therefore, it is our duty to further organization and to increase the number of ethical men who shall be members of our local and State societies, and thereby help not only the profession and the individual members, but have a power in the community to elevate our profession and bring it into proper recognition as received by other professions, law, medicine and the ministry. (Applause.)

I am sorry the hour is so late, for it seems to me there are about forty-four more things I should like to discuss.

We are wasting a great deal of time, in my opinion, in trying to get a National dental law. You might as well try to get a trip to the moon as to do that, for this reason—every State has a right to protect itself, and that is State rights and a good American principle. The only people who are really antagonistic to State laws are those in the class without the pale. I have investigated several cases where people made the claim they could not pass the State boards—when changing from one State to another—and every one of them showed that those men were not the kind of men who would be acceptable in the profession. And why should not a State protect itself? Do you mean to say a



man would be acceptable on the exchange of medical diplomas from one State to another, if he were a man who did not pay his bills, who had no affiliation with his State society, or never had had any use for a medical society? In my opinion the people who wrote things to Items of Inter-EST and got good Dr. Ottolengui excited over the question of State exchange of licenses were not the kind of people whom the various States might desire. When people can go from one State to another and say they were ethical in their own State and as members of dental societies have done something, then they might be desirable. It is not only the State's right to say a man shall have a professional education, but it is an inherent State right for the State to say that a man shall have the moral character to uphold the standard the State is endeavoring to erect. The question of moral responsibility in the profession is a great thing and the sooner that question is decided the better. Let us not waste time on a universal exchange of licenses, for the present conditions are doing no harm to anybody who is legitimately in the profession, in my estimation.

Now on the subject of educating the public along the line of publicity. If anyone is interested in educating his patients, let him invest in a chart which is published in England; it is a series of eight drawings published by the Ash Society, intended to educate the people along the lines of the care of the teeth. These drawings only cost in book form \$1.50, and the Ash Company will provide them for the small sum of \$1, if they are to be given to any educational society. When there is a convention of school teachers, is it not the duty of the profession which looks after the care of the teeth or the health of the school children to say, "If you wish to lecture on the care of the teeth or on the grave injury the teeth may do to the health of the little children, we will furnish you a stereopticon and a lecture?" That is what can be done here in Newark, and all through the various States. That is what we have been doing in Massachusetts, and that is the practical thing.

Dr. Patterson, the chairman of the Committee on Hygiene of the National society, has given his attention to that, and has prepared a very practical treatise on the subject, and you can get that from him for a very small sum. That is a perfectly ethical thing on the part of any dentist.

There are many things we could do if we were organized. A man comes into a dental society and may say, "What is there in it for me?" Rather should he say, "What is there in me for the profession?" He goes to clinics and he does not see anything. Any man who claims to be a true professional man must have within him that which is above the ordinary and immature. There must have been inculcated within



him certain principles of the higher order of culture, and if they have not taught him the one great truth that he owes a debt to society and to his profession, then all the colleges from the beginning to the end will never succeed in making that man a true professional man. We all have certain abilities. We are not all equal, but we can all do something, and the greatest need at the present time is to interest every man in the fact that we are a profession. But we are not a profession unless we make it so; the public does not do it, we do it. For the conditions as they exist, we collectively and individually are to blame. We educate the public. The public does not educate us. We make our laws in a sense, and should uphold them and uphold our dignity and many other things that we do not uphold because we do not take sufficient interest.

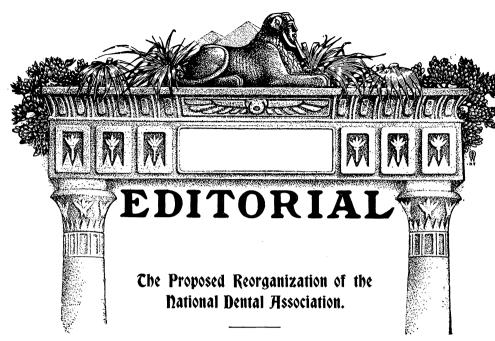
But show me a man who goes into the profession and gives up his money even to help the membership in the State society, and I will take off my hat to him, for he shows a professional interest. One of the greatest things to do is to try and educate every man who comes into the profession to know that he has a standard to maintain, and if he falls below it, no matter how great his practice may be, nor how much money he may amass, he is a dead failure, because it is a fact that the profession is only a profession when it is professionally followed. Lest you lose courage in your life work, let me leave you, for a parting, the song of the poet:

"'Tis weary watching wave by wave,
And yet the tide heaves onward:
We climb, like corals, grave by grave,
That pave a pathway sunward;
We are driven back for our next fray
A new strength to borrow
And where the vanguard camps to-day,
The rear shall rest to-morrow.

"Though hearts brood o'er the past, our eyes
With smiling futures glisten:
For, lo! our day bursts up the skies,
Draw out your souls and listen,
The world is rolling freedom's way,
And ripening with her sorrow;
Take heart; who bear the cross to-day
Shall wear the crown to-morrow."

On motion a vote of thanks was extended to Dr. Flanagan for his very excellent address.

On motion adjourned.



At the last meeting of the National Dental Association at Boston a constitution was proposed which, if adopted, would reorganize the National Dental Association in conformity with the plan of the American Medical Association. This proposed constitution was printed in full in the September issue of Items of Interest. Subsequently a circular letter was mailed to every member of the National, asking for a reply, giving an opinion as to the advantage or disadvantage of attempting the change. At the present date just ten per cent. of the members have answered. It is difficult to say whether this is more or less than was to have been expected; probably it is more, since unfortunately the great majority of human beings really think that reforms should take place, but they are not usually so ardent as to undertake any personal part in the reformation. Whether the replies be many or few it is quite significant that every one declares himself in favor of a new constitution, and practically all advocate following the example of the American Medical. Some of our correspondents make criticisms, and to these it may be well to make passing comment or reply.

Dr. G. V. Black, the author of the present constitution, tells us that nothing in the form of a new constitution will help the present National



Dental Association. That the needed reform must come through the State societies, and that it is inadvisable to hurry matters.

It will be well for those who are over fond of the present regime to take heed of this very pertinent hint. It is very evident that the Illinois branch of the profession is at work constructing a real national association. They are very correctly building from the bottom upward. They have already laid a firm foundation in their own State, in their splendid State society which includes the district societies. They have likewise sown a similar seed in many States and a considerable number have already reorganized under the so-called Illinois plan, which practically is the American Medical Association plan. Is not the next step very evident? If the present so-called National Dental Association is fatuous enough to try to cling to its antiquated methods, it must be prepared for the spectacle of a convention of the reorganized State societies, and the organization of an American dental association. Such an association would start with approximately five thousand members.

Southern Branch. Dr. William A. Lovett contributes a fine letter. In it he gives warning that opposition will be met in the Southern branch of the National. Two facts are noteworthy here. First, the Southern branch

may be continued if it can be shown to be advisable. Article VII of the proposed constitution provides that the House of Delegates may create branches. Secondly, be it remembered that to please this sentimental feeling in the South, the present National, which was made by an amalgamation of the American and the Southern, was planned to include three branches—a Southern, an Eastern and a Western. The American was supposed to reorganize to form the Eastern, but such a step never was taken. The Southern branch was formed, but the East and the West abandoned the privilege. Since that time the men of the South have borne arms in defense of the Stars and Stripes, and it is difficult to believe that they will not unite with pride in forming a truly representative National Dental Association.

Army and Navy Dentists. Dr. Lovett says that he can not understand why dentists of the Army and Navy should be admitted free of dues. Others have raised the same question. The answer is very obvious. First, however, be it



said that a similar provision is in the Constitution of the Medical Association. Dentists in the Army (and likewise in the Navy when such a corps is established) undoubtedly make a sacrifice to serve our country. They are constantly removing from one post to another. They are in this manner rarely ever long enough in one place to vote, and certainly can not be called residents of any particular State, and consequently would scarcely be eligible for membership in any constituent society. Thus special provision for them must be made, and in doing this, is it not a graceful act to tender membership without dues, to the dental servants of our soldiers and sailors? Few, if any, would ever be in attendance at meetings, but often they would serve the association by giving advice on military and naval affairs.

Dr. B. H. Teague proposes the name United States National Dental Association, and offers some other suggestions that may well engage the attention of the Committee on Revision.

Dr. J. S. Danforth suggests that dues should be paid to the local or district society treasurer, and by him disbursed to the State and National organizations. There is little doubt that this is the ideal plan, and perhaps may be made effective when organization of the National and of all the State societies shall have been completed. The proposition in regard to dues, as provided in the suggested constitution, was only intended tentatively, and but to serve during the reorganization period.

In the letter from Dr. Arthur Black, this subject of dues is ably discussed; indeed, all that he has to say should receive respectful consideration at the hands of the Committee on Revision. He is the president of the Illinois State Society, and that society has had experience in connection with society reorganization.

Dr. A. M. Jackson thinks that honorary members should be created from this country as well as from abroad. The original draft of the proposed constitution so provided, but was changed after some discussion with others. The point is debatable. Honorary memberships in this country in the past have often been conferred rather through favor than because of special merit. Perhaps in the future this may be better managed.



Dr. A. J. Cottrell writes a thoughtful and interesting letter. He alludes to the question of the Southern branch, which, however, he thinks, has been harmful rather than advantageous. He fears, under the constitution, that the South will not fare as well as under the old. Why not? Where have the "Southern" meetings of the National been held? Twice at Old Point Comfort, and once at Asheville. Not very far south, these. Once at Atlanta, and now we are preparing for Birmingham. Within quite recent years the American Medical Association has met as far South as New Orleans, and as far West as Seattle. Why should not the new National do the same? The present association is scarcely conscious of the dental profession west of Denver, and one might almost say west of the Mississippi.

# Simplification of Constitution.

Dr. Cottrell advocates a simplification of the proposed constitution, and a lessening of the powers of the House of Delegates. When the American Medical Association constitution was selected, as a

foundation for a draft for a reorganized dental association, exactly this thought was held constantly in the foreground; *i. e.*, to make it less lengthy, and apparently less complicated. But the more the document was studied the more perfect an instrument it was found to be, and it was finally seen that its length was made necessary by its completeness. No one considers a watch from the standpoint of the great number of cogs in the wheels. It is valued because it is an accurate timepiece; becauses it accomplishes the purpose for which it was constructed. The constitution of the American Medical Association is a splendid document, and upon it has been builded a successful and powerful association.

In relation to the House of Delegates, Dr. Cottrell must bear in mind that it will be a larger body than usually gathers at the annual meeting of the present National association, at which officers are elected, time and place of meeting chosen, etc. Thus the power which he deprecates will be in a greater number of hands than now; moreover the House of Delegates, from its very composition, will represent the entire constituency, which is not true and can not be true at any meeting of our association as at present constituted.

# District of Columbia.

Dr. E. A. Bogue inquires why the District of Columbia men have been asked to enter the National body through the Maryland State Society. An explanation is in order. It may be stated that the pro-



posed constitution was drawn up in the Adirondack woods, far from any opportunity for consulting reference books. Nothing was at hand except the present Constitution of the National, and that of the American Medical Association. In the latter, provision is made for constituent associations in States and Territories only. The District of Columbia was not mentioned, and is not a territory. It, therefore, is not specially provided for. Consultation with a medical visitor in the region evoked the information that the physicians of Washington and vicinity enter through the Maryland State Society. It was therefore so provided, tentatively. Recently it has transpired that there is a medical association in the District of Columbia which is treated by the American Medical Association as a constituent society. If a similar society could be formed for dentists there is, of course, no reason why it should not receive similar recognition as in the medical association.

In conclusion this may be said. The plan under discussion has lifted the medical men from chaos to a highly systematized, compact, scientific and successful politico-economic machine, and this has been accomplished within five years. The preparation of a constitution is always a thankless task, undertaken by few. Here we have at hand an example that may well be followed. A revised version of the Medical Asociation Constitution has been presented; so much of the work is done. It remains, first, to decide whether or not to adopt the plan; and, second, to further revise the proposed constitution to meet the exigencies of the hour. But this is to be added. There is greater need of reaching the goal than of reaching it in a hurry. The National is to meet in March. Unless the Committee of Revision can assure us of a scheme which may be safely adopted at that time, why not merely recommend the proposed reorganization, and then submit the matter to the various State societies, in order to know definitely, in advance, just how many will come in as constituent societies, bringing with them their entire membership. For in the final analysis that is what we need, what we must have, a large membership.



# Reorganization of the National Dental Association.

DEAR DOCTOR:

Your recent letter in regard to reorganization of the N. D. A. duly to hand and I am answering the same, not because I think my opinion would carry much weight, but because I know an expression from even the humblest member will be appreciated, and again I do not want to be guilty of a remissness obtaining with a very great number of our members, to wit, ignoring the letters and efforts of association officers and workers who are laboring toward the betterment of the profession generally in a work that can not be carried on without the help of the profession. I would be glad if you would throw a few editorials—as "Uncle Remus" would say—"bung-shells" into the camp of the brethren for this offense. The greatest discouragement that I have ever met has been to sacrifice valuable time in sending out letters on matters of vital importance to the interest of the profession, and have them ignored.

I have read your editorial and the draft of the proposed constitution carefully and thought them over several days, and as you say, I see many difficulties in the way of consummation of the plan and a lot of hard work to be done by a great many members of the profession, but the difficulties are not unsurmountable by any means; as to the work, I stand ready to do my share.

In the main I heartily endorse every feature of your plan, believing the most valuable to be the requirement that the States organize on the Illinois plan. It has long been my belief that the most potent influence that we have for advancement of knowledge and technique on the part of the individual practitioner, as well as the strongest in building up a broad and influential national organization, is the State association, and in this plan I see an opportunity to increase the membership and efficiency of the State association at least two-fold.



It has always been my belief that to have an organization productive of the best results, the machinery of the organization should be held down to the simplest and smallest proportions possible and I believe that changes of this kind, in the proposed constitution, could be made with good results. My lack of experience in the larger affairs of the national organization, however, forbids my making any specific suggestions along those lines. Any way, changes of this kind can only be brought about wisely after the test of actual trial.

I heartily commend the creation of the House of Delegates for the purposes set forth; however, I do not believe it is a wise plan to leave the election of officers and selection of place of meeting to this body, believing that the more democratic plan of election by the association as a whole would be more satisfactory and result in less friction than by narrowing it down to the delegates.

Of course, we all deplore the political friction and antagonism that always arise; yet I see no way of actually eliminating these things and I believe that by leaving these selections to the body as a whole, there will be less danger of factions and fights than otherwise. I think it deplorable that such questions as these must receive consideration, but we all know how serious they have proven in the past, and I think they will be with us always.

I read in the section on "Branches" the doom of the Southern branch. This I think will be a cause of much dissatisfaction. I would personally, for some reasons, dislike very much to see the branch abolished, and while it is in existence shall give it my heartiest support, but I have long had the feeling that the idea of a branch or branches is a mistake, and only founded upon sentiment. The tendency of the branch is not only to divert sap and vitality from the parent organization, but what is worse it has the same tendency toward the State, which as before stated I think fully as important as the National.

Under the proposed constitution we of this section would hardly fare as liberally as under the old, the new making no provision for holding meetings in and electing officers from the different sections of the country. This would probably cause some dissatisfaction in this part of the country, though under a strictly equitable estimate of the matter it might be considered that we would get all that we are entitled to. I believe, however, on the whole it would be to the best interests of the association to continue the present system in regard to the place of meeting, as it would give it a more thoroughly national character. On the whole I do not believe anyone who is inclined to be fair could find a single serious objection to the constitution if it were adopted



without a single change, and as before stated, I am heartily in sympathy with the plan of reorganization. I will do all in my part to bring it about and am ready to do my part of the actual work that the change will bring.

Fraternally,

A. J. COTTRELL,

(Member Executive Committe of Tennessee State Dental Association.)

Knoxville, Tenn.

My Dear Doctor:

I wish to express my acknowledgments for the labor that you have bestowed upon the draft for a new constitution and by-laws of the National Dental Association.

I think, however, that you err in not making the membership broad enough. The American Medical Association accepts *all* members of the constituent associations—Army, Navy, Public Health and Marine Hospital Service—all such as apply in accordance with the by-laws, They do not really have to be *elected* to the American Medical Association once they are members of a constituent association.

Again, there seems to be a restriction in regard to constituent associations.

The Medical Association, Article 4, Constitution, provides that the State and territorial associations, which have or which hereafter may become organized in accordance with the general plan of organization of the American Medical Association, etc., shall be recognized as constituent associations.

The District of Columbia, in 1904, was represented by thirty-eight members, Illinois had forty-four, Pennsylvania sixty-five, New York eighty-one, and all the rest less than the District.

Why should the District be denied the same representation that it has in the American Medical Association.

You will pardon these criticisms, but I know you want the greatest good for the greatest number; and you were good enough to express to me your desire for the broadest representation possible in our professional bodies, so I bring these suggestions for consideration along with your own.

I think also that the National Dental Association should have a section on orthodontia (as all orthodontists have to be dentists) making a separate National society unnecessary.

Yours truly,

New York City.

T. A. Bogue.

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### MY DEAR DOCTOR:

In reply to your letter of September 30, 1908, I would say that I am heartily in favor of the reorganization of the National Dental Association along the lines suggested by the reorganization of the American Medical Association. When we think of what a large and powerful body the American Medical Association is, and what a small body the National Dental Association is, it seems to me the comparison alone should make us desirous of copying this constitution, for I understand it was the adoption of this constitution that raised the American Medical Association from a small association to the powerful body it now is. The dental profession needs above all else that the men fitted to practice the dental profession, in a way to bring honor to it, should be bound together in a National association, and that we should have a National dental journal the mouthpiece of that association.

I can not agree with those that would desire to make a National Dental Association composed of a selected few. Every ethical dentist in the country should be a member of its National association, and the honorary membership of that association is the place for the select few; very select and very few.

In order that only proper men should compose this National association we should have local units established by reliable men. And I cannot see how this can be better done than by adopting the existing State societies. Most of these are very old and the law of the survival of the fittest should have brought the best men to the front.

From this unit we should work up to the National association. Wherever there is room for a local society, let it be established. Then will come the State and then, possibly, the sectional (as the Northwestern, composed of the dentists of six New England States), and then finally the National, with its journal in which would appear the transactions of these various units and all matter of importance to the profession at large.

With earnest workers throughout all sections of the country, think of what can be accomplished in this way.

There are approximately thirty-five thousand dentists in this country. Of these, possibly twenty thousand would be desirable and possible candidates for membership in such a National association. How insignificant that six hundred membership of the present National Dental Association looks!

Some more interesting figures are the 1,500 membership of the Illinois Dental Society, Indiana with 530, Iowa 525, Massachusetts



550, Michigan 550, Misouri 477, Ohio 598. Seven States with a membership in each nearly equal to our National, and one that is nearly three times as large, and this, by the way, the result of a reorganization along the lines we are advocating for the National.

Now the question is, if these States can get such a membership from this limited field, why does the National present such a sorry figure? First and foremost because of its restrictions upon membership. For under the present constitution of the National, a man must present himself in person at a meeting of the National and come as a delegate from his State society before he is eligible to membership.

Then, it is not everybody, by any means, that can afford the time and money to travel the long distance to the meetings of the National. As conditions now are, one would hardly feel he were a member unless he did attend the meetings of the association. In order to have a member that is worth while you must have him feel this sense of possession.

Now, if we have local and State associations that are units of the National, a member can work in those, even if he does not work in the parent body. But wherever he works, he works for the National if all are a part of that association. But why discuss this subject further? Look at what the idea has done for the American Medical Association. Look at what it has done for the Illinois society. Look at the present National Dental Association, and what is the answer? Either you prefer a small and select body of men, able and willing to travel, or else——. We should look to see how others have spelled SUCCESS, and go to work to find our Ss, our Cs, our U and E, and put them together so that we, too, can spell the word.

Yours.

H. A. KELLEY.

Portland, Me.

### DEAR DOCTOR:

In reply to your letter regarding the new constitution of the National Dental Association as prepared by you at Boston, I have carefully read it, section by section, and regard it as very complete and practical.

In section 3 of Article XI, however, it would seem that the assessment might be made burdensome, and may keep many societies from becoming constituent members.

I am very much interested in the Dental Education Section, and think there should be some provision for educating the laity, particularly through the common school text books.



I am inclosing, under separate cover, a sample of the work I am doing along that line. While it may seem somewhat empirical, as yet there appears no other way of reaching the people early enough to save the temporary teeth.

I am glad to see by a recent article in the ITEMS OF INTEREST that there are others who have been trying to devise some practical way to properly reach the "people."

Thanking you for your kind consideration, I am,

Very truly yours,

South Haven Mich.

A. C. Runyan.

### DEAR SIR:

While I am a member of the National Dental Association, I did not receive the circular letter to which you make reference and reproduce in the November "ITEMS." However, I want to have my say, so will take the liberty to write you.

As an active member of our county and State medical society for the past several years I have had opportunity to see how the plan of the American Medical Association works out locally. Before the organization of our county society the physicians of this town were more or less at swords' points, principally more. Since its organization the spirit has changed entirely, professionally and socially, until the society has come to the point of deciding to take up the course of study laid out by the American Medical Association. This will mean weekly meetings for a period of about four years and the giving up of evening office hours for the purpose of study.

An organization that will bring such things to pass as this must have some merit; therefore, I am heartily in accord with the movement which contemplates the revision of the constitution of the National Dental Association along the lines of the American Medical Association. I believe such revision will do as much for dentistry as it has done for medicine.

Very truly yours,

Grand Junction, Colo.

G. R. WARNER.

### My Dear Doctor:

Regarding the proposed amendment to the constitution and bylaws of the National Dental Association, I am very much interested in the scheme as a whole, and while it may not be perfect, it appears to me that this is not the time for bickering about non-essentials. That the proposed constitution is far better than anything we have ever had



must be conceded by every one who appreciates our present needs. It seems to me that the National Dental Association as it now exists has fulfilled its mission, and to concede this is a eulogy of its past achievements. I do not wish to appear pessimistic, but it is clear that the young men must learn to take the places of the older ones. To accomplish what we have the right to expect of them in the evolution of dentistry, requires that they undergo a period of training, and this must in the very nature of things begin in the local society.

Two years ago I offered an amendment to the constitution and by-laws of the Wisconsin State Dental Society. The matter was referred to a committee and the report of the reorganization committee was unanimously adopted at our last meeting in July. It took some time and patience to bring about the change, but the work of accomplishing this has done us all a great deal of good. There is a spirit of good fellowship and good will among the dentists of Wisconsin, the like of which we have not known in many years, and I am convinced that the work of reorganization is largely responsible for this condition. We are grateful to the men in Illinois for applying the plan of the American Medical Association to our society work. The good it has done there, is doing in Wisconsin and in other States, should be extended so as to make it national in its scope.

If the committee having the National constitution under consideration needs any assistance or encouragement there are a host of good fellows up here that would be glad to render it.

Very sincerely yours,

HENRY L. BANZHAF.

Milwaukee, Wis.

My DEAR DOCTOR:

Your recent letter regarding the new constitution caused me to read several times the one you have compiled.

It seems to me that the one you have arranged is complete and meets the needs of every phase of society work. It would inspire greater ambition among the constituent societies, and cause better representation as well as a feeling that the honor means something. Heretofore, societies have elected and sent delegates and it ends there usually. With the house of delegates plan there will be a definite proposition for each constituent society to endorse, and every one then will have a portion of responsibility by voting.

We have adopted the Illinois plan in our State society and begin its operation at our next meeting in December. I am sure we will



be only too glad to support a constitution which makes a united force in organized dentistry.

I have two doubts about the new constitution: First, a minor one, is why should dentists in the Army and Navy be exempt from membership dues? They are not objects of charity and receive compensation for their services which may be further, I understand, augmented by private services.

Second, it is ideal to have a journal of the association, and it would be all right if it were in proper hands. There are only a few who might be entrusted with it, and they are very few, and unless properly started it should not be born.

I am not one to fight "trade journals," because they have, in my opinion, been great educators and of more benefit than is appreciated by the profession. On the contrary, the *American Medical Journal* gives the National organization a representation which is desirable. Our profession is able to do the same thing if it will. My hesitation is because we have *good* journals and plenty of material to digest, also that the possibility of securing finances and editorial ability for the production of a worthy journal is limited.

I am, dear Doctor,

Very sincerely yours,

W. H. Whitslar.

Cleveland, Ohio.

### My Dear Doctor:

I am heartily in sympathy with the idea of reorganization, and that, too, on the same plan as the American Medical Association. I think your plan is good and I will do all that I can to help it along. I can see no good reason why the dentists should not have a large organization, and have been of that opinion for a number of years. I have wondered why we did not organize after the method of the Medical Association.

I do not object to your making my note public. I am not afraid to advocate anything publicly that I think is good. We have been too long working with a small minority of the dentists of the country; this ought to be a great scientific body, and can be made so if the dentists will take hold of it in the right manner.

With kindest regards, I beg to remain,

Yours truly,

J. P. GRAY.

Department of Dentistry, Vanderbilt University, Nashville, Tenn.



### DEAR DOCTOR:

In reply to yours of September 30th, I am in perfect sympathy with any effort toward sweeping out much of the political rubbish of the National Dental Association that has so hindered its great possibilities for progressive dental work. Since one of my papers was turned down, upon which I spent a great deal of time in the preparation of lantern slides, models, etc., and purely because the politicians required the time, I have had no use for that society, and have said that under its present regime I would never attempt to present another paper before it. I have not the time, my dear Doctor, to go into the comparative values and practicability of the old and prospective new constitutions. I leave that to men who are especially fitted for that work. If the "new" gets rid of some of the incubuses which have been and are dragging the society down, I shall be very glad.

Fraternally yours,

CALVIN S. CASE.

Chicago, Ill.

### MY DEAR DOCTOR:

Your letter of the 30th ult. duly received. I have read the constitution for the N. D. A. as proposed by you at our meeting in Boston, and it seems an excellent one, and that its adoption would be a great advance, putting us in a position to accomplish ever so much more for the profession than is possible under our present system, or, rather, lack of it, in organization. I will gladly line up with those who favor the change.

Yours very truly,

Nelson J. Goodwin.

Hartford, Conn.

### My DEAR DOCTOR:

In answer to your letter of September 30th in regard to the affairs of the National Dental Association, will say I carefully read your proposed constitution for the reorganization of the National and see no part that I could disapprove. My approval in this matter you have, together with best wishes for the grand success of the National Dental Association.

Very truly,

Ed. M. Kettig.

Louisville, Ky.



My Dear Doctor:

Referring to yours of recent date regarding National Dental Association affairs.

There is a spirit of unrest, a desire to break down old boundaries, to become broader and more liberal, to do away with the air of exclusiveness and the "holier than thou" idea, permeating dental organizations throughout the country, and it is not surprising that the National Dental Association should find itself engulfed in this rising tide of liberal views and better fellowship.

The National Dental Association, constructed and conducted as it is at present, will never be either a national or a representative body. Such being the case, it would seem desirable that the present body be reorganized or else a new organization be formed that would be truly national and representative in character.

The devising and constructing of a constitution and by-laws for an organization with such a wide scope is no mean task and should generally be delegated to a committee composed of men who have shown considerable executive ability or have had experience in successful organization work; and even then many of the plans devised will be largely experimental and the results of their labors problematical. For these reasons it would be well to note when adopting any suggested plan that the clause governing amendments shall be so constructed as to readily allow of any desirable changes being made.

The draft of a constitution and by-laws presented before the last meeting of the association and printed in full in the September number of the ITEMS OF INTEREST, seems a good one and appears to be thoroughly practical. There are several sections, however, that should have careful scrutiny and serious consideration. These are: Article 5, section 2; Article 6, limiting the number of sections which should be considered in connection with their representation in the proposed House of Delegates; Article 9, sections 2 and 3; Chapter 3 of the By-laws, last half of Section 2 and also Section 4.

Members of organizations are apt to become restless and dissatisfied when their voice and voting powers on business matters are taken from them and vested in delegates or committees; and soon the rumoi of politics and ring rule is heard, which is usually the precursor of cliques, hard feeling and disintegration.

If the entire voting power and conduct of all business is to be in the hands of a numerically small number of delegates, who are to be selected from various State organizations, then these delegates should be big, broad and liberal minded men of practical business and executive ability. But can we always be assured of this?



There are two classes of men that are equally essential to the success of an organization of this character—first, the man who is a good mixer, who understands men and knows how to organize them and then how to keep up their interest in that organization; secondly, the scientific, scholarly man who can prepare and present subjects that will be of interest to the members of such an organization. Each is essential to the other and both are necessary to the success of the whole; for the scholar without an audience is a manifestation of wasted energy, while an audience without an object is generally a mob. If this is true then there need be no occasion for jealousy between the two classes of members, for the honors may be evenly distributed between them. This might be brought about by the careful selection of men of executive ability as members of the House of Delegates and by making our scientists and scholars the honorary members of the various sections.

I sincerely trust that something practical and progressive may come of this present agitation, for I am a firm believer in the idea that the surest and quickest way to elevate the profession is by organization, association and good fellowship.

Yours sincerely,

FREDERICK CROSBY BRUSH, D.D.S.

1181 Broadway, N. Y.

### DEAR DOCTOR:

I am in receipt of your letter calling attention to your editorial in the September ITEMS OF INTEREST regarding the reorganization of the National Dental Association, and have read the same together with the draft of the constitution proposed by you. I am heartily in sympathy with the general plan to enlarge the scope and usefulness of the National Association, and I think the general suggestions made by President Carr in his address, and the more specific ones made by you in your editorial, are in the right direction and should help very materially toward that end which is so greatly to be desired.

I do not feel qualified to express an opinion regarding each proposition in your suggested constitution and by-laws, but approve their general purport, which I take to be that of making and perpetuating a powerful, well governed, widely useful and truly *National Dental Association*.

Very truly yours,

WM. B. DUNNING.

50 West 45th St., New York.



### MY DEAR DOCTOR:

Replying to your favor of September 30th, I have read over the proposed constitution for the National Dental Association, as published in the September ITEMS, and in the main I think it is very good. It occurs to me that it would be more satisfactory to the members if the election of officers, at least of the president and vice-presidents, should be by vote of the association rather than the House of Delegates. Other than this I have no suggestion to make. I will say that I am heartily in favor of the plan to reorganize the National along the lines laid down by your proposed constitution. The Kentucky State Dental Association is now engaged upon a reorganization according to what is known as "the Illinois plan." It will be an easy matter to make such changes as will comply with the requirements of the National if this or any similar constitution is adopted.

Very sincerely yours,

H. B. TILESTON.

Louisville, Ky.

### DEAR DOCTOR:

Your circular letter duly to hand. I am well content to leave the management of the National Dental Association affairs in your hands. Personally, I think the smaller and more exclusive the Association, the higher will be its attainments, and the greater good to its individual members. But I am not unmindful that a small raise to the body would be of greater value to the general public, and secondary to us all, than great heights for the very few—so I am with you.

With best wishes and approval of your plan of reorganization, I am, Cordially yours,

Kansas City, Mo.

CHARLES L. HUNGERFORD.

In addition to the above, we have received brief notes favoring the proposed reorganization from Dr. F. E. Taylor, Malone, N. Y.; Dr. H. A. Hull, New Brunswick, N. J.; Dr. George B. Mitchell, Buffalo, N. Y., and these are all that have reached us at the date of going to press. It will be noted that although only about a tenth of the members have made response, practically all have approved of the movement. The rest of the members are urged to send us their opinions for publication. Certainly there must be some who object to this reorganization, and their views and reasons for opposing the plan would necessarily be of interest.



# Dr. Frederick H. Sweetland.

Dr. Frederick A. Sweetland, one of the oldest practicing dentists in the United States, departed this life at the age of 81 years, at Wyoming, Illinois, October 21, 1908. He was born in Dryden, New York, December 23, 1827.

Dr. Sweetland had been in dental practice for over fifty years and up to the time of his last illness kept up his practice and was found in his office every day. He literally "died in the harness," as several incomplete cases in his laboratory testify, and almost every day during his illness he spoke of returning to the office to take up his life work again.

Most of his career had been in Illinois, and thirty-four years he had spent in Wyoming, a town of about two thousand in Stark County. He never had an assistant; all of his work, both in the chair and in the mechanical department, has been done by his own hands, and up to the very last no one could possibly have held an instrument more firmly or handled a case more deftly than he.

His work was always carefully and conscientiously done, and speaks, from the mouths of thousands of his patrons, of his ability and care.

There may be older living dentists, but I do not believe that there is one who has continued to do *all* of his work himself to the age of Dr. Sweetland. He was a deep student, thorough in his methods, modern in his ideas, progressive in thought, and up-to-date in equipment. Nothing fogy about him. In his case I saw the first instrument used by him for extraction, the old "turn key," and in another drawer the most modern forceps, with the best local anesthetics.

He discovered the method of annealing sponge gold by heat. He performed some wonderful pieces of dental surgery, as well as making plates for deformed mouths. His work provided the necessary suction to retain the plate, and was a perfect success.

The dental profession experiences a keen loss by the death of this man, not only from the standpoint of scientific progressive dentistry, but from that of a true, honest and faithful exponent of the profession. The funeral of Dr. Sweetland testified amply how he was respected in his own community, as the post office and all places of business were closed, and the obsequies were attended by a large number of



friends. It was conducted by the Masonic order, of which he was an active and honored member.

Dr. Sweetland leaves a widow, two sons, one unmarried, and six grown daughters, all unmarried. He has fought the battle bravely, and while not a rich man has had the satisfaction of seeing his children grow up around him, well educated and lacking little that goes for happiness.

His faithfulness to his work, his high regard for his profession, his open eye for improved methods, and his conscientious fulfilment of his obligations, both to patients and friends, make his career worthy of emulation, and the entire dental profession, especially those who have been fortunate enough to meet him at dental conventions or in private life, will mourn his loss.

C. A. S.

# Dr. Harold Slade.

News has just been received of the death of Dr. Harold Slade in Tokyo, Japan. Dr. Harold Slade was born in San Francisco on August 11, 1860. While still a boy his father removed to New York, where he engaged in business. In 1887 Dr. Slade graduated from the Dental College of New York, and in 1890 graduated from the New York Medical College. For three or four years he practiced his profession in Brooklyn, while continuing to apply himself to a more thorough study of dentistry. He was married on June 22, 1892, to Miss Emma Anderson, granddaughter of the Rev. Rufus Anderson, D.D., who was fortythree years secretary of the American Board of Foreign Missions, and was for a number of years foreign secretary of the same Board. Dr. Slade was led to give up an excellent position in Brooklyn by a strong desire to visit Japan to preach the Gospel to the Japanese. Accordingly he went to Japan in 1803, and in the same month started as a dentist in Kobe. He worked hard in his self-appointed mission and was very successful in his work. Dr. Slade substituted in the United States Public Health and Marine Hospital Service in November last year, and received the full appointment to this position last March. His health commenced to decline toward the end of 1907. An operation was successfully performed, but a relapse set in and he died of heart failure on October 2, 1908, in the presence of his wife. Dr. Slade is survived by his wife and seven children and the mother of Mrs. Slade, for whom all sympathy will be felt, while in America he leaves a brother and two sisters to mourn his loss. The deceased was a man of strong religious belief and an earnest worker on behalf of Christianity in Japan, and will live in the memory of those who knew and loved him.



# SOCIETY ANNOUNCEMENTS

# Delta Sigma Delta.

Seattle Auxiliary announces the annual Supreme Chapter meeting of Delta Sigma Delta Fraternity in Seattle, on July 21, 22, 23, 1909. July 24th will be Delta Sigma Delta day at the Alaska-Yukon-Pacific Exposition.

C. F. FRIST, Historian.

# national Association of Dental Faculties.

The National Association of Dental Faculties will hold their annual meeting in connection with the National Association of Dental Examiners in the Hotel Chamberlain, Old Point Comfort, Va., August 2, 3 and 4, 1909, commencing at 10 a.m.

Hotel rates as given the National Association of Dental Examiners. Railroad and steamship rates given at a later date.

B. Holly Smith, D.D.S., Chairman of the N. A. D. F.

# The National Association of Dental Examiners.

The twenty-seventh annual meeting of the National Association of Dental Examiners will be held at the Hotel Chamberlain, Old Point Comfort, Va.; first session opening at 10 o'clock a.m., Monday, August 2d, and continuing the 3d and 4th.

The result of the mail vote by the committee to ascertain the consensus of opinion as to place and date, from October 19th to the present date, was 91 votes for Old Point Comfort the first three days of August, 13 for Birmingham in March, 7 for Birmingham in July. The president has therefore selected Old Point Comfort.



The rates will be American plan, \$3.00 per day without bath, \$4.00 per day with bath; large and commodious meeting rooms will be furnished free. Railroad and steamship rates will be furnished at a later date.

CHAS. A. MEEKER, D.D.S., Secretary.

29 Fulton St., Newark, N. J.

# European Orthodontia Society.

At the third annual meeting of the European Orthodontia Society, held in Berlin, October 2d and 3d, the following officers were elected for the coming year: President, Axel Lundström, Stockholm; vice-president, Lee A. Watling, Berlin; secretary-treasurer, William G. Law, Berlin. The next meeting of the society will be held in Wiesbaden, Germany, at Eastertime.

WILLIAM G. LAW, Secretary-treasurer.

# Ohio State Dental Society.

At the forty-third annual meeting of the Ohio State Dental Society, held in Columbus, December 1, 2 and 3, 1908, the following officers were elected: President, W. H. Whitslar, Cleveland; first vice-president, M. H. Fletcher, Cincinnati; second vice-president, A. O. Ross, Columbus; secretary, F. R. Chapman, Columbus; treasurer, W. A. Price, Cleveland. Directors for three years: L. P. Bethel, Columbus; C. I. Keely, Hamilton; J. R. Callihan, Cincinnati; Henry Barnes, Cleveland.

F. R. CHAPMAN, Secretary.

305 Schultz Bldg., Columbus, O.

# The New York Alumni Association of the Xi Psi Phi Fraternity.

The New York Alumni Association of the Xi Psi Phi Fraternity met at the St. Denis Hotel on November 18th, and elected their officers for the ensuing year. It was decided to hold our banquet on January 30, 1909.

Our membership has passed the two hundred mark and it is earnestly desired that every alumnus be present.

To any who have not received full particulars the same will be furnished by our secretary.

J. N. Gelson.

673 Vanderbilt Ave., Brooklyn, N. Y.